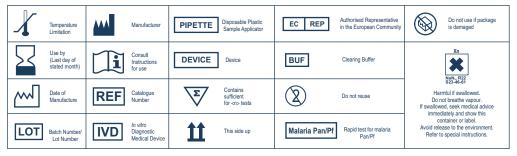
SBio Malaria Pan/Pf Test

Rapid test for Malaria Pan/Pf

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INTENDED USE

SBio Malaria Pan/Pf Test is a rapid, qualitative, two site sandwich immunoassay utilizing whole blood for the detection of *P.falciparum* specific histidine rich protein-2 (Pf. HRP-2) and Pan malaria specific pLDH. The test may also be used for the differentiation of *P. falciparum* and other malarial species and for the follow up of antimalarial therapy in whole blood samples. The test is intended for professional use at clinical and point of care sites in suspected cases of malaria infection.

SUMMARY

Four species of the Plasmodium parasites are responsible for malaria infections in human viz. P. falciparum, P.vivax, P.ovale and P.malariae, Of these, P. falciparum and P.vivax are the most prevalent. Early detection and differentiation of malaria is of utmost importance due to incidence of cerebral malaria and drug resistance associated with falciparum malaria and due to the morbidity associated with the other malarial forms. SBio Malaria Pan/Pf Test detects the presence of Pan malaria specific pLDH released from parasitised blood cells, for the detection of all malarial parasites. Whereas, for the detection of P. falciparum malaria, SBio Malaria Pan/Pf utilises the detection of P. falciparum specific histidine rich protein-2 (Pf. HRP-2) which is a water soluble protein that is released from parasitised erythrocytes of infected individuals. In the absence of *P. falciparum* specific Pf. HRP-2, the presence of Pan malaria specific band points to the presence of other malarial species such as P.vivax, P.ovale or P.malariae. Speciation is done and results inferred in the context of prevalence rates of the malarial species prevalent in the particular region. Since pLDH is a product of viable parasites, the Pan band may also be used to monitor success of antimalarial therapy.

PRINCIPLE

SBio Malaria Pan/Pf Test utilizes the principle of agglutination of antibodies/ antisera with respective antigen in immuno-chromatography format along with use of nano gold particles as agglutination revealing agent. As the test sample flows through the membrane assembly of the device after addition of the clearing buffer, the colored colloidal gold conjugates of the Agglutinating sera for HRP-2 / Agglutinating sera for Pan malaria specific pLDH - colloidal gold conjugate complexes the proteins in the lysed sample. This complex moves further on the membrane to the test region where it is immobilised by the Agglutinating sera for HRP-2 / Agglutinating sera for Pan malaria specific pLDH coated on the membrane leading to formation of pink-purple colored band/s which confirms a positive test result. While both the bands will appear at the test region in falciparum positive samples, only one band will appear in non-falciparum malaria positive samples. Absence of this colored band/s in the test region indicates a negative test result. The unreacted conjugate along with the rabbit globulin-colloidal gold conjugate and unbound complex if any, move further on the membrane and are subsequently immobilised by Agglutinating sera for rabbit globulin coated on the membrane at the control region, forming a pink-purple band. The control band formation is based on the 'Rabbit / Agglutinating sera for Rabbit globulin' system. Since it is completely independent of the analyte detection system, it facilitates formation of consistent control band signal independent of the analyte concentration. This control band serves to validate the test performance

REAGENTS AND MATERIALS SUPPLIED

SBio Malaria Pan/Pf kit contain

- - Individual pouches, each containing:

 1. Test Device: Membrane assembly pre-dispensed with Agglutinating sera for HRP-2 - colloidal gold conjugate, Agglutinating sera for Pan malaria specific pLDH - colloidal gold conjugate, rabbit globulin-colloidal gold conjugate, Agglutinating sera for HRP-2, Agglutinating sera for Pan malaria specific pLDH and Agglutinating sera for rabbit globulin at the respective regions.
 - Desiccant pouch.
 - Disposable Plastic Sample Applicator.
- Clearing Buffer in a dropper bottle.

OPTIONAL MATERIAL REQUIRED

Calibrated micropipette capable of delivering 5µl sample accurately.

STORAGE AND STABILITY

The sealed pouches in the test kit & the kit components may be stored between 1°C to 40°C till the duration of the shelf life as indicated on the pouch/ carton. DO NOT FREEZE. After first opening of the clearing buffer bottle, it can be stored between 1°C to 40°C for the remaining duration of its shelf life.

NOTES

Read the instructions carefully before performing the test.

For in vitro diagnostic use only. NOT FOR MEDICINAL USE. For professional

The test is not intended for use in screening of asymptomatic population. Do not use beyond expiry date.

Do not intermix components of different lots.

The device & sample applicator are for single use only.

Contact with the contents of desiccant pouch containing, among other substances, cobalt chloride (CAS# 7646-79-9) should be kept to a minimum. Inhalation / swallowing may cause harm.

Handle all specimens as potentially infectious.

Follow standard biosafety guidelines for handling and disposal of potentially

Clearing buffer contains Sodium Azide (0.1%), avoid skin contact with this reagent. Azide may react with lead and copper in the plumbing and form highly explosive metal oxides. Flush with large volumes of water to prevent azide build up in the plumbing.

SPECIMEN COLLECTION AND PREPARATION

Fresh blood from finger prick / puncture may be used as a test specimen. However, fresh anti coagulated whole blood should be used as a test sample. EDTA or CPDA or Heparin or Oxalate or Tri-sodium Citrate can be used as suitable anticoagulants. The specimen should be collected in a clean glass or plastic container. If immediate testing is not possible then the specimen may be stored at 2°C to 8°C for upto 72 hours before testing. Clotted or contaminated blood samples should not be used for performing the test.

TESTING PROCEDURE AND INTERPRETATION OF RESULTS

- Bring the SBio Malaria Pan/Pf kit components to room temperature before testing.
- 2. Open the pouch and retrieve the device, sample applicator and desiccant

pouch. Check the color of the desiccant. It should be blue, if it has turned colorless or pink, discard the device and use another device. Once opened, the device must be used immediately.

- 3. Label the test device with patient's identity.
- 4. Place the testing device on a flat horizontal surface.
- Tighten the cap of the clearing buffer bottle provided with the kit in the clockwise direction to pierce the buffer bottle nozzle.
- Evenly mix the anti coagulated blood sample by gentle swirling. Dip the sample applicator into the sample. Ensuring that an applicator full of blood is retrieved, blot the blood so collected in the sample port 'A'. (This delivers approximately 5µl of the whole blood specimen).

OR

In case finger prick blood is being used, touch the sample applicator to the blood on the finger prick. Ensuring that an applicator full of blood is retrieved, immediately blot the specimen in the sample port 'A'. (Care should be taken that the blood sample has not clotted and the transfer to the sample port is immediate).

OR

Alternatively, 5μ I of the anti coagulated or finger prick specimen may be delivered in the sample port 'A' using a micro pipette.

NOTE: Ensure that the blood from the sample applicator has been completely taken up at the sample port 'A'.

- 7. Immediately dispense two drops of clearing buffer into buffer port 'B', by holding the buffer bottle vertically .
- 8. Read the results at the end of 20 minutes as follows:



NEGATIVE for malaria: Only one pink-purple band appears in the control window 'C'.



POSITIVE for *P. falciparum* or mixed infection: In addition to the control band, two pink-purple bands appear at regions 'Pf' and 'Pan' in the test window 'T'.



POSITIVE for Other species (non falciparum): In addition to the control band, one pink-purple band appears only at region 'Pan' in the test window 'T'.



Invalid result: The test should be considered invalid if no bands appear on the device. The test should also be considered invalid if only test bands (Pan and/or Pf) appear and no control band appears. Repeat the test with a new device ensuring that the test procedure has been followed accurately.

PERFORMANCE CHARACTERISTICS

In an in-house study, a panel of 251 samples whose results were earlier confirmed with microscopy were tested with SBio Malaria Pan/Pf. The results obtained are as follows:

Sample	Total No. of samples tested	SBio Malaria Pan/Pf		Sensitivity (%)	Specificity (%)
Campio	oumpioo tootou	Positive	Negative	(70)	(70)
P. falciparum positive	16	16	0	100	-
P. vivax positive	25	25	0	100	-
Malaria negative	210	0	210	-	100

LIMITATIONS OF THE TEST

- As with all diagnostic tests, the test result must always be correlated with clinical findings.
- The results of test are to be interpreted within the epidemiological, clinical and therapeutic context. When it seems indicated, the parasitological techniques of reference should be considered (microscopic examination of the thick smear and thin blood films).
- Any modification to the above procedure and / or use of other reagents will invalidate the test procedure.
- Interference due to presence of heterophile antibodies in patient's sample can lead to erroneous analyte detection in immunoassay, has been reported in various studies. SBio Malaria Pan/Pf uses HETEROPHILIC BLOCKING REAGENT (HBR) to inhibit majority of these interferences.
- In case of mixed infection (*Pfalciparum*, with other malarial species), both, 'Pf and 'Pan' malaria bands will be positive. Hence, differentiation of infection due to *P.vivax*, *P.ovale* or *P.malariae* cannot be done.
- While monitoring therapy, using the 'Pan' band, if the reaction of the test remains positive with the same intensity after 5-10 days, post treatment, the possibility of a resistant strain of malaria has to be considered.
- Usually, the 'Pan' band turns negative after successful anti malarial therapy. However, since treatment duration and medication used affect the clearance of parasites, the test should be repeated after 5-10 days of start of treatment.
- 8. In *P.falciparum* malaria infection, HRP-2 is not secreted in gametogony stage. Hence, in "Carriers", the HRP-2 band may be absent.
- HRP-2 levels, post treatment persists upto 15 days, the 'Pan' band can be used to monitor success of therapy in P. falciparum malaria cases.
- 10. In a few cases, where the HRP-2 band is positive and the 'Pan' malaria band is negative, it may indicate a case of post treatment malaria. However, such a reaction pattern may also be obtained in a few cases of untreated malaria. Retesting after 2 days is advised, in such cases.
- 1. Do not interpret the test results beyond 30 minutes.

WARRANTY

This product is designed to perform as described on the label and package insert. The manufacturer disclaims any implied warranty of use and sale for any other purpose.

BIBLIOGRAPHY

(1).Howard, R.J., et al., 1986: Secretion of a Malarial Histidine-rich Protein (Pf. HRP II) from Plasmodium falciparum-infected Erythrocytes. J. Cell Biol., 103, 1269-1277. (2). Parra, M.E., et al., 1991: Identification of Plasmodium falciparum Histidine-Rich Protein 2 in the Plasma of Humans with Malaria. J. Clin. Microbiol., 29, 1629-1634. (3).Rodriguez-Del Valle, M., et al., 1991: Detection of Antigens and Antibodies in the Urine of Humans with Plasmodium falciparum Malaria. J. Clin. Microbiol., 29, 1236-1242. (4). Piper, R. C., et al., (1999) Immuno-capture diagnostic assays for malaria utilizing Plasmodium Lactate Dehydrogenase (pLDH) Am. J. Trop. Med. Hyg. 60(1) 109-118. (5). Hunte-Cooke A., et al., (1999) Comparison of a Parasite Lactate Dehydrogenase-based Immunochromatographic Antigen Detection assay (OptiMAL®) with Microscopy for the Detection of Malaria Parasites in Human Blood Samples. Am J.Trop Med 60(2). 173-176. (6). Quintana M., et al., (1998) Malaria diagnosis by dipstick assay in a Honduran Population with coendemic Plasmodium falciparum and Plasmodium vivax. Am. J. Trop. Med. Hyg. 59(6) 868-871. (7). Palmer, C. J., (1998) Evaluation of OptiMal test for rapid diagnosis of Plasmodium vivax and Plasmodium falciparum. J. Clin Microbiol. 36(1) 203-206. (8).Moody. A., et al., (2000) Performance of the OptiMAL® malaria antigen capture dipstick for malaria diagnosis and treatment monitoring. British Journal of Hematology, 109, 1-5.

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