

Malaria Antigen Test Card

REF: 1150 001 25 Card Test REF: 1150 002 50 Card Test

INTENDED USE

For the rapid qualitative determination of Malaria P.falciprum & P. vivax specific lactate dehydrogenase (pLDH) in human blood for the diagnosis of Malaria infection.

Background

Malaria is a serious parasitic disease characterized by fever, chills and anemia and is caused by a parasite that is transmitted from one human to another by the bite of infected Anopheles mosquitoes. There are four kinds of malaria that can infect humans: Plasmodium falciparum, P. vivax, P. Ovale, and P. Malaria. In humans, the parasites (called sporozoites) migrate to the liver where they mature and release another form, the merozoites. The disease now occurs in more than 90 countries worldwide, and it is estimated that there are over 500 million clinical cases and 2.7 Million malaria-caused deaths per year. At present, malaria is diagnosed by looking for the parasites in a drop of blood. Blood will be put into a Microscope slide and stained so that the parasites will be visible under a Microscope.

Assay Principle

Spectrum Malaria Antigen Test contains a membrane strip, which is precoated with two monoclonal antibodies as two separate lines across a test strip. One monoclonal antibody (test line 1) is specific to the P. vivax (pLDH) and another monoclonal antibody (test line 2) is specific to (pLDH) of P. Ovale. Conjugate pad is dispensed with monoclonal antibodies conjugated to the colloidal gold, which are specific to P. vivax & P. Ovale (pLDH).

The **Spectrum** Malaria Antigen Test is designed for the differential diagnosis between Plasmodium falciparum and Plasmodium Vivax.

Precautions and Warnings

For professional in vitro diagnostic use only. Do not use after expiration date. I Do not eat, drink or smoke in the area where the specimens or kits are handled . I 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. Humidity and temperature can adversely affect results.

STORAGE & STABILITY

The kit can be stored at room temperature or refrigerated (4-30°C). The test device is stable through the expiration date printed on the sealed pouch. The test device must remain in the sealed pouch until use. DO NOT FREEZE. Do not use beyond the expiration date.

MATERIALS: Materials Provided: Test Device Assay Buffer Sample Dropper



Materials Not Provided:

5µl Pipette

SPECIMEN COLLECTION & PREPARATION

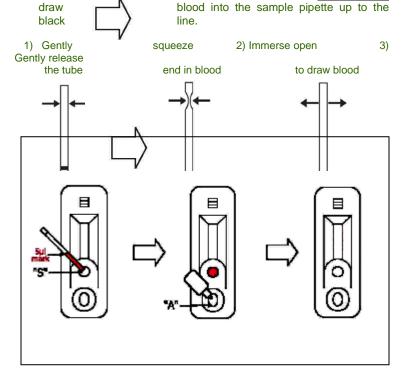
(Collection by venipuncture)

- Collect whole blood into a collection tube containing EDTA, citrate or heparin) by venipuncture.
- 2. If specimens are not immediately tested, they should be refrigerated at 2~8°C. For storage periods greater than three days, freezing is recommended. They should be brought to room temperature prior to use. Using the specimen after long-term storage more than three days can cause non-specific reaction.
- When stored at 2~8°C, the whole blood sample should be used within three days.

(Collection using a lancet)

- 1. Clean the area to be lanced with an alcohol swab.
- Squeeze the end of the fingertip and pierce with a sterile lancet provided.
- Wipe away the first drop of blood with sterile gauze or cotton.
- Take a sample pipette provided, and while gently squeezing the tube, immerse the open end in the blood drop and then gently release the pressure to





4. Do not mix reagent of different lots.

Add whole blood (5 µl) Into sample well "S

Directions for use: Add 2 drops or 60-80 µl of assay buffer to well "A"

Read Result in 20 mins.

Note

Optimal assay performance requires strict adherence to the assay procedure described in this instruction sheet and any deviations from the procedure may lead to aberrant results.

DIRECTIONS FOR USE

- Add 5µl of whole blood into sample well ("S" small well) (Do not use excess blood).
- Add two drops or 60-80 µLs of assay buffer into developer well ("A").
- Read the test result at 20 mins.

INTERPRETATION OF RESULTS

1) P. falciparum Positive reaction

The presence of two color bands (C and 1) indicates a positive result for P.falciparum.

2) P.vivax Positive reaction

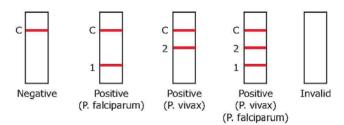
The presence of two color bands (C and 2) indicates a positive result for P. vivax. The pLDH present in the sample reacts with the pan anti-pLDH conjugate and moves through the test strip where the pLDH is captured by Ovale specific anti-pLDH.

3) Negative reaction

The presence of only one band within the result window indicates a negative result.

4) Invalid

The test is invalid if the C line does not appear. If this occurs, the test should be repeated using a new cassette.



LIMITATIONS

- The test procedure, precautions and interpretation of results for this test must be followed when testing.
- Anti-coagulants. heparin, EDTA, and citrate do no affect the test result
- This test kit detects Plasmodium lactate dehydrogenase in patient whole blood and is useful as a screening procedure for malaria diagnosis.

5. The test is limited to the detection of antigen of Malaria Plasmodium vivax & ovale. Although the test is very accurate in detecting pLDH, a low incidence of false results can occur. Other clinically available tests. are required if questionable results are obtained. As with all diagnostic tests, a definitive clinical diagnosis should not be based on the results of a single test, but should only be made by the physician after all clinical and laboratory findings have been evaluated

References

- Leonard K. Basco, Frederique Marquet, Michael M. Makler, and Jacques Le Bras: Plasmodium falciparum and Plasmodium vivax: Lactate Dehydrogenase Activity and its Application for in vitro Drug Susceptibility Assay. Experimental Parasitology 80, 260-271 (1995)
- David L. Vander, Jagt, Lucy A. Hunsaker and John E. Heidrich: Partial Purification and Characterisation of Lactate Dehydrogenase from Plasmodium falciparum. Molecular and Biochemical Parasitology, 4 (1981) 255-264.
- David J. Bzik, Barbara A, Fox and Kenneth Gonyer: Expression of Plasmodium falciparum Lactate Dehydrogenase in Escherichia coli Molecular and Biochemical Parasitology, 59 (1993) 155-166
- Cameron R. Dunn, Mark J. Banfield, John J. Barker, Christopher W. Highm, Kathleen M. Moreton, Dilek Turgut-Balik, R. Leo Brady and J. John Holbrook. The Structure of Lactate Dehydrogenase from Plasmodium falciparum reveals a new target for anti-malarial design. Nature Structural Biology 3(11) 1996, 912-915
- Howard, RJ, et al. The secretion of a Malaria Histidine-rich Protein (Pf HRP-2) from Plasmodium falciparum-infected Erythrocytes. J. Cell Biol., (1986) 103, 1269-1277
- Rock, EP, et al. Comparative Analysis of Plasmodium falciparum Histidine-Rich Protein - 2, HRP-I, HRP-II, and HRP-III in Malaria Parasitology Diverse Origin. Parasitol., (1987) 95:209-27.
- Panna, ME, et al. Identification of Plasmodium falciparum Histidine-Rich Protein - 2 in the of Humans with Malaria. J. Clin. Microbiological 29:1629-1634.
- Rodriguez-del Valle, M. et al, Detecting Antigens and Antibodies in the Urine with Plasmodium falciparum Malaria. Slit Microbiol., (1991) 29:1236-1242

Egyptian Company for Biotechnology (S.A.E) Obour city industrial area. block 20008 piece 19 A.

Cairo. Egypt. Tel: +202 4489 2248 - Fax: +202 4489 2247

www.spectrum-diagnostics.com

E-mail:info@spectrum-diagnostics.com



