



INSTRUCTIONS FOR USE

ONE STEP TEST

Strep A (Group A Streptococcus) Antigen
Detection in Throat Swab

Only for professional in vitro diagnostic use

Product Code: TSA01

Strep A Test Dev

INTENDED USE

ep A Test Dev

BACKGROUND INFORMATION

REAGENTS

ted with antibodies specific to Strep A antigen and antibodies specific to Strep A antigen immobilized on the membrane

rep A Test Device is a qualitative, immunochromatographic assay for detection of Strep A carbohydrate antigen in throat swabs. There are antibodies specific rep A carbohydrate antigen immobilized to "T test area of the test. While performing the test; extracted throat swab sample dropped to the sample well reacts by eparticles coated with antibodies specific to Strep A antigen. This complex migrates to the other end of the membrane by capiling action. If there is Strep A antigen to the sample, they bind to antibodies specific to Strep A antigen in the "T test area and create a visible, colored signal that means the test result is positive. If miple does not contain Strep Antigen, colored line does not appear in the "T test area. This means the test result is negative, As a procedural control, a colored I ways appears in the "C" control area indicating that proper volume of sample has been introduced and membrane wicking has occurred.

PRECAUTIONS AND LIMITATIONS

- FIGE AUTIONS AND TIMITATIONS

 For professional and mylor diagnostic use only.

 Do not use test kit beyond expiry date. The test device is single use. Do not reuse.

 The test device should remain in kits original sealed pouch until usage. Do not use the test if the seal is broker. Wear disposable gioves while performing the test.

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 Use a new dropper for each sample.

 Sterile swabs provided with this test must be used for sample collection. Other swabs have not been validate. Reagent Bo contains an acidic soldino. If the solution contacts skin or eye, flush with large volumes of water.

 Do not less the sample reagent bottle copy.

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 Do not less contains an acidic solution in the search when collecting samples.

 O all patient samples should be handled as taking capable of transmitting disease into consideration. Of azards throughout all procedures and follow the standard procedures for proper disposal of samples.

 1. This test will indicate only the presence or absence of Strep A antigen in the sample, and should not tretoptococal infection.

st device should be kept away from direct sunlight, moisture, heat a pre at 4 - 30°C (39 - 86°F). Do not freeze.

SAMPLE COLLECTION AND PREPARATION

TEST PROCEDURE

- Bring the tests, reagents and throat swab samples to room temperature.

 1. Pleace the test tube to the work station.

 2. Hold Reagent Abust the time that station.

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 3. Hold Reagent Bottle vertically and add 4 full drops (~ 146 µl) to the test tube that includes Reagent A. Reagent B has no color (re. M. Mix the solution gently by swifting the test tube. Addition of Reagent B to Reagent A. Changes the color of the solution from red.

 5. Immediately light the throat swab sample in the test tube that has yellow solution.

 6. Agitate the swab 10 times in the tube. Leave the swab 1 minute in the tube.

 7. Press the swab non the walls of the tube and try to leave as much liquid as in the tube while taking the swab out off the tube (Fig. B. Take the test device out of its pouch. Place the test on a flat surface. Draw extracted sample solution to the dropper, provided in 10. Depending on the Step A antigen concentration in the sample, with the sample, the test can react even in 2-3 minutes. Results should be rorming after 10 minutes should be regarded as invalid.









INTERPRETATION OF RESULTS

Negative: Only one colored line is visible in "C" area, indicating that Strep Aantigen does not exist.

Positive: Two colored lines are visible in "C" and "T" areas, indicating that Strep Aantigen exists.

Low concentration of Strep Aantigen may cause a faint line in "T" area. Even such a faint line in "T" area should be regarded as Invalid: No colored line is visible in "T" area; lest should be repeated using a new test device.











QUALITY CONTROL

Tests have built in procedural quality control features. When the test is complete, the user will see a colored line in the "C" area of the test on negative samples and a colored line in the "T" and "C" area on positive samples. The appearance of the control "C" line is considered as an internal positional line indicates that sufficient volume of sample was added as well as valid test result. It is recommended that a negative control and a positive control be used to verify proper test performance as an external control. Users should follow appropriate federal, state and local guidelines concerning the external quality controls.

PERFORMANCE EVALUATION

a total of 310 throat swabs were collected from patients exhibiting symptomps of pharyngitis. Each swab was rolled onto a sheep blood agar plate and then A Test Device. The plates were further streaked for isolation and incubated at 37 °C with %.5 - 10 CO, and a Bactiracin disk for 18 - 24 hours. The negative were incubated for an additional 18 - 24 hours. Possible GAS colonies were subcultured and confirmed with a latex agglutination groung kit as a reference compare Streap A Test Device and following results are obtained.

Reference

Confidence interval: 95%

CROSS REACTIVITY

ted with below samples (1,0 X 10⁷ microorganism/ml), no cross reactivity was s reactivity has be

Wasanipies (1,0 x 10 film)
Neisseria meningtidis
Neisseria sicca
Branhamella catarrhalis
Group C Streptococcus
Group G Streptococcus
Streptococcus sanguis
Enterococcus faecalis
Stephylococcus enide

no cross reactivity was Serratia marcescens Klebsiella pneumonia Bordetella pertussis Neisseria gonorrhea Neisseria subflava Hemophilus influenza

REFERENCES

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Gupta, R. Talwer, G. P. and Gupta, S. K. (1992), Regist Antibody Capture Assays for Detection of Group A Streptococcul Interior Microscopic Antibody and Collinomiatation. J. Collinomiatation of Collinomiatation (1994), Collinomiatation of Collinomiatation (1994), Collinomiatation of Collinomiatation (1994), Collinomiatation (1994 Microbiology Procedures Handbook, Isenberg, H. D., American Society of Microbiology, Washington D. C., 1.1.1-1,1.30, 1992. A beta-hemolytic streptococcarjonaryngilis in preschool children aged 3 months to 5 years. Clinical Pediatrics (June 1999), 38: 357-360. T-77. Group A fareptococcarjonaryngilis in Adruls 30 to 5 years of age, Southern Medical Juneal (May 1999), 491-492.

SYMBOLS USED









For single use only

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