

H. pylori Rapid Test Device (Whole Blood/Serum/Plasma) Package Insert

English A rapid test for the qualitative detection of antibodies to Helicobacter pylori (H. pylori) in whole blood,

serum, or plasma For professional in vitro diagnostic use only.

INTENDED USE

The H. pylori Rapid Test Device (Whole Blood/Serum/Plasma) is a rapid chromatographic immunoassay for the qualitative detection of antibodies to *H. pylori* in whole blood, serum, or plasma to aid in the diagnosis of H. pylori infection in adults 18 years of age and older.

SUMMARY

H. pylori is a small, spiral-shaped bacterium that lives in the surface of the stomach and duodenum. It is implicated in the etiology of a variety of gastrointestinal diseases, including duodenal and gastric ulcer, non-ulcer dyspepsia and active and chronic gastritis.^{1,2} Both invasive and non-invasive methods are used to diagnose *H. pylori* infection in patients with symptoms of gastrointestinal disease. Specimendependent and costly invasive diagnostic methods include gastric or duodenal biopsy followed by urease testing (presumptive), culture, and/or histologic staining. Non-invasive techniques include the urea breath test, which requires expensive laboratory equipment and moderate radiation exposure, and serological methods. A Individuals infected with H. pylori develop antibodies which correlate strongly with birties and H. pylori infection of the property of the proper with histologically confirmed H. pylori infection.

The H. pylori Rapid Test Device (Whole Blood/Serum/Plasma) is a simple test that utilizes a combination of H. Pylori antigen coated particles and anti-human IgG to qualitatively and selectively detect H. pylori antibodies in whole blood, serum, or plasma in just minutes.

PRINCIPLE

The H. pylori Rapid Test Device (Whole Blood/Serum/Plasma) is a qualitative membrane based immunoassay for the detection of H. pylori antibodies in whole blood, serum, or plasma. In this test procedure, anti-human IgG is immobilized in the test line region of the test. After specimen is added to the specimen well of the device, it reacts with H. pylori antigen coated particles in the test. This mixture migrates chromatographically along the length of the test and interacts with the immobilized anti-human IgG. If the specimen contains H. pylori antibodies, a colored line will appear in the test line region indicating a positive result. If the specimen does not contain H. pylori antibodies, a colored line will not appear in this 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 H. pylori antigen coated particles and anti-human IgG coated on the membrane.

PRECAUTIONS

- For professional in vitro diagnostic use only. Do not use after the expiration date.
- Do not eat, drink or smoke in the area where the specimens or kits 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 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.
- 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 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 H. pylori Rapid Test Device (Whole Blood/Serum/Plasma) can be performed using whole blood (from venipuncture or fingerstick), serum, or plasma.
- To collect Venipuncture Whole Blood specimens: Collect anti-coagulated blood specimen (sodium or lithium heparin, potassium or sodium EDTA, sodium oxalate, sodium citrate) following standard laboratory procedures.
- To collect <u>Fingerstick Whole Blood specimens</u>:

· Test devices

· Package insert

- Wash the patient's hand with soap and warm water or clean with an alcohol swab. Allow to dry.
- · Massage the hand without touching the puncture site by rubbing down the hand towards the fingertip of the middle or ring finger.
- Puncture the skin with a sterile lancet. Wipe away the first sign of blood.
- Gently rub the hand from wrist to palm to finger to form a rounded drop of blood over the puncture site.
 Add the Fingerstick Whole Blood specimen to the test by using <u>a capillary tuber</u>.
 Touch the end of the capillary tube to the blood until filled to the line. Avoid air bubbles.
- Place the bulb onto the top end of the capillary tube, then squeeze the bulb to dispense the whole blood to the specimen well (S) of the test device.
- · Separate serum or plasma from blood as soon as possible to avoid hemolysis. Use only clear, nonhemolyzed specimens.
- 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. Whole blood collected by venipuncture should be stored at 2-8°C if the test is to be run within 2 days of collection. Do not freeze whole blood specimens. Whole blood collected by fingerstick should be tested immediately.
- 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.

MATERIALS

Materials Provided

Droppers

Buffer

Materials Required But Not Provided

- · Specimen collection containers
- Centrifuge
- · Lancets (for fingerstick whole blood only)
 - Timer
- Heparinized capillary tubes and dispensing bulb (for fingerstick whole blood only)

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 device from the sealed pouch and use it as soon as possible.

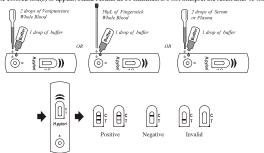
Place the test device on a clean and level surface.

For Serum or Plasma specimens: Hold the dropper vertically and transfer 2 drops of serum or plasma (approximately 50 µL) to the specimen well (S) of the test device, then add 1 drop of buffer to the specimen well (S). Start the timer. See illustration below

For Venipuncture Whole Blood specimens: Hold the dropper vertically and transfer 2 drops of whole blood (approximately 50 μL) to the specimen well (S) of the test device, then add 1 drop of buffer and start the timer. See illustration below.

For Fingerstick Whole Blood specimens: Fill the capillary tube and transfer approximately 50 µL of fingerstick whole blood to the specimen well (S) of the test device, then add 1 drop of buffer and start the timer See illustration below

Wait for the colored line(s) to appear. Read results at 10 minutes. Do not interpret the result after 15 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 H. pylori antibodies 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 kit immediately and contact your local distributor

QUALITY CONTROL

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

Control standards are not supplied with this kit; 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 H. pylori Rapid Test Device (Whole Blood/ Serum/Plasma) should be used only to evaluate patients with clinical signs and symptoms suggestive of gastrointestinal disease and is not intended for use with asymptomatic patients.
- The H. pylori Rapid Test Device (Whole Blood/Serum/Plasma) is for in vitro diagnostic use only. The test should be used for the detection of H. pylori antibodies in whole blood, serum or plasma specimens only. Neither the quantitative value nor the rate of increase in H. pylori antibody concentration can be determined by this qualitative test.
- The H. pylori Rapid Test Device (Whole Blood/Serum/Plasma) will only indicate the presence of H. pylori antibodies in the specimen and should not be used as the sole criteria for the diagnosis of H. pylori infection. Grossly hemolysed samples will yield invalid results. Strictly follow the Package Insert instructions to
- obtain accurate results. A positive result does not allow one to distinguish between active infection and colonization by H. pylori.
- 6. A positive result only indicates the presence of IgG antibody to H. pylori and does not necessarily indicate that gastrointestinal disease is present. 7. A negative result indicates that IgG antibody to H. pylori is not present or is below the detection limit of the
- 8. As with all diagnostic tests, all results must be interpreted together with other clinical information
- available to the physician. Literature references have suggested cross reactivity of IgG antibody with a closely related organism, Borrelia burgdorferi. Performance of this assay has not been evaluated with this organism. Therefore, the
- 10.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 H. pylori infection. 11. This assay has not been established for patients under 18 years of age

specificity of this test device is not known if this organism is encountered.

EXPECTED VALUES

H. pylori infection is present worldwide and has been shown to correlate with age, ethnic background, family size, and socioeconomic class. In the United States, the incidence of infection may increase 1-Eighty to 100% of individuals with signs and symptoms of other gastrointestinal conditions such as duodenal ulcers are reported to be positive for H. pylori infection

PERFORMANCE CHARACTERISTICS

Clinical Sensitivity, Specificity and Accuracy

The H. pylori Rapid Test Device (Whole Blood/Serum/Plasma) has been evaluated with specimens obtained from a population of symptomatic and asymptomatic individuals who presented for endoscopic examination. Culture and/or Histology of biopsy specimens served as the reference method.

Of the 321 fresh clinical samples collected, 136 were considered biopsy positive and 185 clinical specimens were considered biopsy negative. Biopsy "positive" was defined as either or both culture and histology are positive and biopsy "negative" was defined as both culture and histology negative. The results for each sample matrix are summarized below.

H. pylori Rapid Test Device vs. Biopsy/Histology

SERUM Method Biopsy/Histology Results Positive H. pylori Test Device Positive 121 Negative 15 164

Sensitivity = 121/136 = 89% (82%-94%) Accuracy = 285/321 = 89% (85%-92%)*

Specificity = 164/185 = 89% (83%-93%)

LASMA					
Method		Biopsy/Histology			
H. pylori Test Device	Results	Positive	Negative		
	Positive	120	21		
	Negative	16	164		

Sensitivity = 120/136 = 88% (81%-93%)* Accuracy = 284/321 = 88% (84%-92%)*

Method

Specificity = $164/185 = 89\% (83\%-93\%)^{*}$

Positive

FINGERSTICK Biopsy/Histology Results Positive Negative

Negative Sensitivity = 54/62 = 87% (76%-94%)

Specificity = 76/88 = 86% (77%-93%)

Accuracy = 130/150 = 87% (80%-92%)*

H. pylori

Test Device

VÉNOUS WHOLE BLOOD

Method		Biopsy/Histology	
H. pylori Test Device	Results	Positive	Negative
	Positive	119	22
	Negative	17	163

Sensitivity = 119/136 = 88% (81%-93%)* Accuracy = 282/321 = 88% (84%-91%)*

Specificity = 163/185 = 88% (83%-92%)* *Denotes 95% Confidence Interval

Three physicians' offices were used to conduct an evaluation of the H. pylori Rapid Test Device (Whole Blood/Serum/Plasma). Personnel with various educational backgrounds performed the testing. Each physician's office tested a randomly coded panel of samples consisting of negative (20), low positive (20) and medium positive (20) for three days. The results obtained had a >99% correlation with the expected

Cross-Reactivity

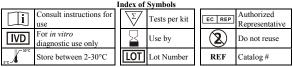
Sera containing known amounts of IgG antibodies to H. pylori have been tested with C. jejuni, C. fetus, C. coli, P. aeruginosa and E. coli. No cross-reactivity was observed, indicating that the H. pylori Rapid Test Device (Whole Blood/ Serum/ Plasma) has a high degree of specificity for human serum IgG antibodies to H. pylori.

Interference Studies

No interference with the H. pylori Rapid Test Device (Whole Blood/Serum/ Plasma) results was observed in samples containing high levels of hemoglobin (up to 1000 mg/dL), bilirubin (up to 1000 mg/dL) and human serum albumin (up to 2000 mg/mL). The test results were also unaffected when the hematocrit was altered ranging from 20% to 67%. 600mg/dL triglyceride concentration sample did not interfere with test performance

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Innovacon, Inc. 9975 Summers Ridge Road San Diego, CA 92121, USA



EC REP MDSS GmbH Schiffgraben 41 30175 Hannover, Germany