

# OneStep Chlamydia (Male)

## RapidCard™ InstaTest

Cat # 176523M-25

IVD



See external label



2°C-30°C



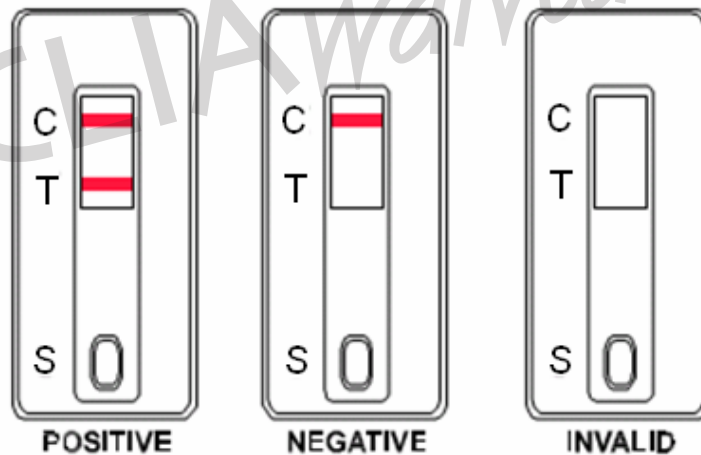
Σ=25 or 50 tests

REF

Cat # 176523M-25

### For In-vitro Diagnostic Use only

\* Laboratory results can never be the only base of a medical report. The patient history and further tests have to be taken into account. **This test kit does not contain any viable infectious agents.**



### INTENDED USE

The OneStep Chlamydia RapiCard™ InstaTest is a rapid immunoassay for direct qualitative detection of Chlamydia trachomatis antigen endocervical or endourethral swab specimens.

### SUMMARY AND EXPLANATION OF THE TEST

OneStep Chlamydia RapiCard™ InstaTest trachomatis is one of the most common sexually transmitted pathogens. It is a major cause of cervicitis, urethritis, endometritis, and pelvic inflammatory disease in women. Serious complications can result in salpingitis, infertility, and ectopic pregnancy. If transmitted to infants during birth, Chlamydia can cause conjunctivitis and

pneumonia. 50-70% of infected women are asymptomatic, which makes diagnosis extremely important.<sup>1</sup>

The primary method for detection of Chlamydia is growth of the organism in cell culture. Other methods include direct fluorescence assays (DFA), enzyme immunoassays (EIA), and nucleic acid probing.<sup>4</sup>

## PRINCIPLE OF THE TEST

The OneStep Chlamydia RapiCard™ InstaTest utilizes the chemical extraction of a carbohydrate antigen from Chlamydia followed by the utilization of migratory color immuno assay technology for the qualitative detection of Chlamydia trachomatis. In the test procedure, a unique set of polyclonal and monoclonal antibodies are employed. One antibody is immobilized on a porous membrane while the other antibody is conjugated to dye particles as signaling component. If using swab, specimen or from a patient is treated with extraction reagent A and B to extract the antigen.

The test dipstick is then immersed in the extraction sample. The liquid migrates through the absorbent area and along the membrane. If Chlamydia trachomatis antigen is present, the labeled antibody dye conjugate binds to it, forming an antibody antigen complex. As the mixture flows along the membrane, the complex is captured by the antibody immobilized in the test zone (T) of the membrane, producing a visible rose pink color band. Another dye conjugated reagent is captured by the antibody immobilized in the control zone (C) of the membrane.

A rose-pink line in the test zone (T) indicates the presence of Chlamydia trachomatis antigen. A rose-pink line in the control zone (C) indicates the test is working properly. When only a control line appears with no test line, Chlamydia trachomatis antigen has not been detected and the test result is considered negative.

The control line gives an added measure of quality control by demonstrating antibody recognition; Assuring that the procedure was performed correctly; and that the reagents are chemically active. A desiccant is enclosed with the test device to stabilize the reactive agents.

## REAGENTS AND MATERIALS PROVIDED

- |   |  |
|---|--|
| 1. <b>Testing Devices</b>               | Contains dye-conjugated and immobilized anti-chlamydial antibody. Sealed individually in protective foil pouches.<br>REF 22020 |
| 2. <b>Extraction Buffer A</b> (10.0 ml) | 0.05 N Sodium hydroxide solution, in a dropper vial.<br>REF 22020A   |
| 3. <b>Extraction Buffer B</b> (10.0 ml) | Tris-HCl buffer pH 9.0 with 0.02 % sodium azide, in a dropper vial.<br>REF 22020B  |
| 4. <b>Positive Control</b> (1.0 ml)     | Contains non-infective chlamydial antigen derived from in vitro culture, with 0.1 % sodium azide.<br>REF 22020P                |
| 5. <b>Extraction Tube.</b>              | REF RXT-001  |
| 6. <b>Test Instructions</b>             | REF PI-22020   |

7. **Female Swab**, 50 pcs/25 tests. Plastic-shafted sterile swab for testing female patients.  
REF SWA-002 \*
8. **Male Swab**, 25 pcs/25 test. Metal-shafted sterile swab for testing male patients.  
REF SWA-008 \*

In respective male and female kits

In addition to the materials provided, a watch or timer and test tube rack are also required.

## STORAGE AND STABILITY OF KIT COMPONENTS

1. All OneStep Chlamydia RapiCard™ InstaTest reagents (extraction buffers and positive controls) should be refrigerated at 2-8°C when not in use.
2. Other test components may be stored at room temperature (15-28°C). Refer to expiration dates for stability.

## WARNINGS AND PRECAUTIONS

1. Wear gloves while handling specimens.
2. Dispose of gloves and swabs using good microbiological practices.
3. Do not touch the swab tip at any time.
4. Wash hands after performing the test.
5. Use only the sterile swabs provided. Swabs from any other source may give faulty results.
6. Do not allow a sample swab to come in contact with any reagent bottle tip.
7. Bacterial contamination will invalidate test performance.
8. Do not use the reagents after their expiration dates.

## SPECIMEN COLLECTION AND PREPARATION

### **For Swab:**

#### **A. Female Patients (Cat # 176523F)**

**Two sterile swabs with plastic shafts are required in the female collection procedure. One swab is used to prepare the sample site; The other is used for sample collection.**

**NOTE: Use only the swabs provided with the kit.**

1. Remove any excess mucus from the potentially infected site with the first swab, then discard it.
2. Rub the second swab vigorously over the infected endourethral lining and endocervical cells in the canal wall.<sup>3</sup> As Chlamydia are intracellular organisms, firm contact must be made with the canal wall for proper specimen collection. The rubbing action dislodges the endothelial cells and allows the swab to absorb the bacteria. Improper collection will result in poor visual readings and may cause invalid results. Vaginal specimens are not useful.

#### **B. Male Patient (Cat. # 176523M)**

**One metal shafted sterile swab is needed for male penile sample collection. Do not use plastic shafted swab in this procedure.**

1. Insert the swab into the urethra of the penis. Gently rotate with sufficient pressure to dislodge the epithelial cells. Allow the swab to remain inserted for a few seconds after rotation.
2. Carefully remove the swab a voiding contact with any external surfaces.

## STORAGE AND STABILITY OF SPECIMENS

1. If a swab is not extracted immediately, store it refrigerated (2°-8°C) for up to 5 days, preferably in a transportation tube. Do not freeze.
2. Swabs may be transported to the test site under ambient conditions. Transport media should not be used.

## TEST PROCEDURE

### Notes

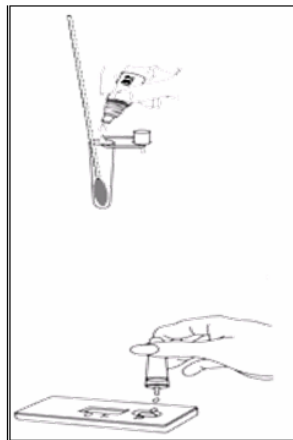
1. *Bring all samples and controls to room temperature (15°-28 °C) prior to testing.*
2. *Do not open the foil pouch until ready to perform the test.*
3. *Do not use commercial controls other than those provided with the test as they may contain additives which interfere with test performance.*

### A. Extraction

1. Label an extraction tube for each patient and place in a tube holder or rack .
2. Add 6 drops of Extraction Buffer A to the extraction tube. Mix liquids by gently swirling the tube.
3. Place the specimen swab in the tube and twirl briefly to mix the reagent. Incubate at room temperature (15°-28°C) for 5 minutes, with the swab in the tube.
4. Add 6 drops of Extraction Buffer B to the extraction tube containing the swab. Twirl the swab vigorously for 10 seconds, then expunge as much liquid as possible from the swab by pressing and rotating the fiber portion against the wall of the tube. Discard the swab. Cap the tube and mix contents by gentle swirling. The swab extract must be tested immediately.

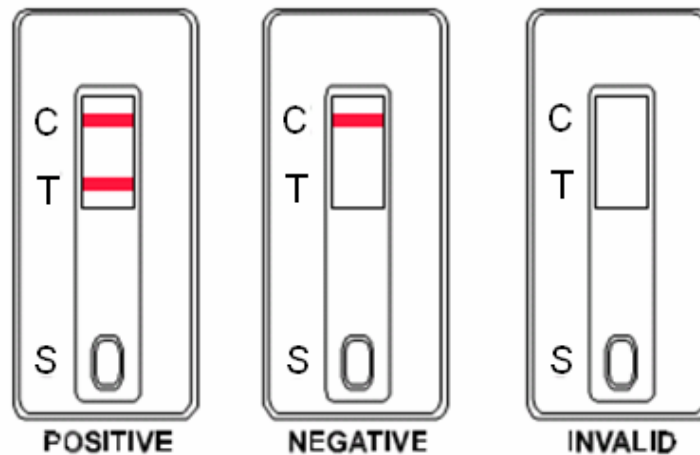
### B. Immunoassay of the Extract

1. Remove the test cassette from its sealed foil pouch by tearing along the notch. Dispense 7 drops of liquid from the extraction tube into the sample well ("S") of the test device by inverting and squeezing the tube as shown.
2. Read the test results at 15 minutes.



## INTERPRETATION OF RESULTS

**IMPORTANT: To avoid incorrect reading or invalid results, do not interpret test results after more than 15 minutes**



1. **Positive :** Two rose-pink bands appear — one in the control zone (“C”) and one in the test zone (“T”). The sample should be considered positive for the presence of Chlamydia trachomatis
2. **Negative:** One rose-pink band appears in the control zone (“C”) with no apparent band in the test zone (“T”). The sample should be considered negative for Chlamydia trachomatis.
3. **Invalid:** If no rose-pink band appears in the control zone (“C”), or if a band appears in the test zone (“T”) but not in the control zone, then the test is invalid. It is recommended to retest the specimen using a new Testing Device.

## QUALITY CONTROL

### A. Internal Controls:

- The OneStep Chlamydia RapiCard™ InstaTest contains built-in quality control features. The development of a rose-pink band in the control zone indicates that the sample has been absorbed into the device, that capillary flow has occurred, and that antibody reactivity is at normal level.
- If the test device is working properly the background in the reaction area will clear, providing a distinct result.

### B. External Controls:

- Good laboratory practice recommends the use of quality controls to ensure proper test performance.
- A positive control containing non-viable Chlamydia trachomatis antigen is provided with each kit to verify test performance.
- Add 4 drops of Extraction Buffer A to an extraction tube.
- Add one drop of Positive Control to the tube.

- Shake the tube to mix the solution well and incubate at room temperature (15 °-28 °C) for 5 minutes.
- Add 4 drops of Extraction Buffer B to the tube. Cap the tube and thoroughly mix the contents by gentle swirling.
- Complete the test according to the procedures described above.
- A positive result is indicated by the appearance of two rose-pink colored lines on the membrane

## LIMITATIONS OF THE TEST

- The test is limited to the detection of Chlamydia trachomatis in swab specimens.
- A specimen swab which contains too much blood may cause weak false positive results. Therefore, bloody swabs should be avoided.
- Although the test is very accurate, a low incidence of false results may occur.
- If negative or questionable results are obtained, the test should be repeated using a new swab specimen.
- 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.
- The test only allows for the detection of Chlamydia as a presumptive indication of Chlamydia trachomatis infection. However, cases in which patient swabs test negative while the patients' clinical symptoms are indicative of Chlamydia infection should be investigated further. For optimal test performance, proper sample collection and storage procedures are critical.

## PERFORMANCE CHARACTERISTICS

### 1. Specificity and Sensitivity

- An evaluation of the OneStep Chlamydia RapiCard™ InstaTest kit was run to determine clinical performance characteristics for the test relative to an available latex one step immunoassay. A total of 110 patients were tested, with two swabs collected for each patient.
- The results of the study were as follows.

#### OneStep Chlamydia RapiCard™ InstaTest

		+	-	
Latex One Step Immunoassay	(37)	+	36	1
	(73)	-	3	70

- Compared with a latex one step immunoassay for detection of chlamydia from swab specimens, the OneStep Chlamydia RapiCard™ InstaTest demonstrated a relative sensitivity of 97.2% (36/37).

- The Insta test also demonstrated a relative specificity of 95.8% (70/73) and an overall agreement with latex immunoassay of 96.3%.
- An additional evaluation of OneStep Chlamydia RapiCard™ Instatest was conducted to determine the diagnostic specificity and sensitivity of the test compared with the established PCR method.
- Patients who were classified as positive (100% sensitivity and specificity) showed a positive result with the PCR test.

The results of the study were as follows:

	Negative	Positive	
PCR Negative	572	10	582
PCR Positive	2	12	14
	574	22	596

Sensitivity = correct Pos./PCR (= correct) Pos.\*

Specificity = correct Neg./PCR (= correct) Neg.

\*According to Lothar Thomas 5th Edition 1988, TH-Books, Frankfurt/Main, Germany

Chlamydia RapiCard™ InstaTest **Sensitivity** : 85.7%

Chlamydia RapiCard™ InstaTest **Specificity** : 98.3%

**Conclusions:** OneStep Chlamydia RapiCard™ InstaTest shows - compared with the PCR Test - a sensitivity of 85.7% and specificity of 98.3% for diagnosis of a chlamydia infection. OneStep Chlamydia RapiCard™ InstaTest is shown to be a meaningful test for point-of-care diagnosis of a chlamydia infection.

## 2. Precision

**A. Intra-Assay:** Within-run precision was determined using the same 3 specimens containing negative, borderline positive, and positive values. The negative, borderline and positive values were correctly identified in 100% of the tests.

**B. Inter-Assay:** Between-run precision was determined using the same 3 specimens of negative, borderline positive control, and positive control of Chlamydia antigen in 11 independent assays with 3 different lots of reagents over a 30-day period. Again, the negative, borderline and positive findings were correct in 100% of the tests.

## 3. Cross-Reactivity

- To confirm the specificity of the OneStep Chlamydia RapiCard™ InstaTest, 15 serotypes were tested and demonstrated to yield Chlamydia-positive results.
- Crossreactivity with other organisms has been studied using suspensions of 10<sup>7</sup> CFU/ml (CFU — colony forming unit) and demonstrated to yield Chlamydia negative results.
- Staphylococcus aureus was tested at 1x10<sup>6</sup> cells/test and also yielded negative results. The organisms tested are listed below:

Streptococcus pneumoniae	Bacteroides spp	Campylobacter spp
Aeromonas spp	Citrobacter spp	Clostridium spp
Candida spp	Escherichia coli	Gardnerella spp
Enterobacter spp	Herpes simplex virus	Klebsiella spp
Haemophilus coli	Listeria spp	Mycoplasma spp
Neisseria gonorrhoea	Neisseria meningitis	Peptococcus spp
Proteus spp	Pseudomonas spp	Salmonella spp
Serratia spp	Shigella spp	Streptococcus spp
Staphylococcus spp (coag. Neg)	Staphylococcus spp (coag. Pos)	Trichomonas spp
Ureaplasma urealyticum	Veillonella spp	Yersinia spp

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2006-11-10	DA-Chlamydia-2009

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