RFF: 20115

Clostridium difficile Toxin A + Toxin B ComboRapid Test Cassette (Feces) Package Insert

A rapid test for the detection of Clostridium difficile Toxin A and Toxin B antigens in human feces samples

For in vitro professional use only

[INTENDED USE]

The Clostridium difficile Toxin A + Toxin B Combo Rapid Test Cassette (Feces) is a rapid chromatographic immunoassay for the qualitative detection of Clostridium difficile Toxin A and Toxin B antigens in the human feces specimen

Clostridium difficile is an anaerobic bacteria acting as an opportunistic pathogen; it grows in the intestine when the normal flora has been altered by treatment with antibiotics. 1,2,3 Toxinogenic strains of Clostridium difficile cause infections from mild-diarrhea to pseudomembranous colitis notentially leading to death 4

Disease is caused by two toxins produced by toxinogenic strains of C.difficile: Toxin A (tissuedamaging enterotoxin) and Toxin B (cytotoxin). Some strains produce both toxins A and B. some others produce Toxin B only. The potential role of a third (binary) toxin in pathogenicity is still dehated

[PRINCIPLE]

Clostridium difficile Toxin A + Toxin B Combo Rapid Test Cassette detects two distinct antigens in fecal specimens for C. difficile, viz., Toxin A and Toxin B on two different test strips in a single test cassette, thus simultaneously detecting two antigens specific to Clostridium difficile.

For C.difficile-specific Toxin A Testing

The membrane is precoated with anti-C diff Toxin A antibody and anti-C diff Toxin A antibody on the test line region. During testing, the specimen reacts with the particle coated with anti-C diff Toxin A antibody. The mixture migrates upward on the membrane chromatographically by capillary action to react with anti-C.diff Toxin A antibody on the membrane and generate a colored line. The presence of this colored line in the test line region indicates a positive result. while its absence indicates a negative result. To serve as a procedural control, a colored line will always appear in the control line region, indicating that the proper volume of specimen has been added and membrane wicking has occurred.

For C.difficile-specifc Toxin B Testing

The membrane is precoated with anti-C.diff Toxin B antibody and anti-C.diff Toxin B antibody on the test line region. During testing, the specimen reacts with the particle coated with anti-C.diff Toxin B antibody. The mixture migrates upward on the membrane chromatographically by capillary action to react with anti-C diff Toxin B antibody on the membrane and generate a colored line. The presence of this colored line in the test line region indicates a positive result. while its absence indicates a negative result. To serve as a procedural control, a colored line will always appear in the control line region, indicating that the proper volume of specimen has been added and membrane wicking has occurred.

[REAGENTS]

The test cassette contains anti-Clostridium difficile Toxin A and anti-Clostridium difficile Toxin B antibody coated particles and anti-Clostridium difficile Toxin A and anti-Clostridium difficile Toxin B antibody coated on the membrane.

[PRECAUTIONS]

- For professional in vitro diagnostic use only. Do not use after expiration date.
- The test should remain in the sealed pouch until use.
- Do not eat, drink or smoke in the area where the specimens or kits are handled.
- Handle all specimens as if they contain infectious agents. Observe established precautions against microbiological hazards throughout all procedures 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 assayed
- The used test should be discarded according to local regulations.
- · Humidity and temperature can adversely affect results.

[STORAGE AND STABILITY]

Store as packaged 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 stool specimens must be tested as soon as possible after collection. If necessary, original feces specimen may be stored at 2-8°C for 3 days or -20°C for longer periods of time; extracted specimen in buffer may be stored at 2-8°C for 1 week or -20°C for longer periods of time. Make sure that the specimens are not treated with solutions containing formaldehyde or its

derivatives. [MATERIAL]

· Droppers

Materials provided Test Cassettes

- Package Insert
- · Specimen collection tube with buffer

Materials required but not provided

 Timer Centrifuge

· Stool containers [PROCEDURE]

Allow the test, specimen, collection buffer and/or control to equilibrate to room temperature (15-30°C) prior to testing.

To collect fecal specimens:

Collect sufficient quantity of feces (1-2ml or 1-2m) in a clean dry specimen collection container to obtain enough antigens (if present). Best results will be obtained if the assay is performed within 6 hours after collection. Specimen collected may be stored for 3 days at 2-8°C if not tested within 6 hours. For long term storage, specimens should be kept below -

- 2 To process fecal specimens:
 - For Solid Specimens:

Unscrew the cap of the specimen collection tube, then randomly stab the specimen collection applicator into the fecal specimen at least 3 different sites to collect approximately 50 mg of feces (equivalent to 1/4 of a pea). Do not scoop the fecal

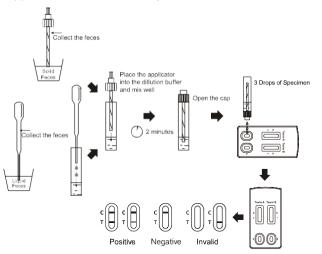
For Liquid Specimens:

Hold the dropper vertically, aspirate fecal specimens, and then transfer 2 drops of the liquid specimen (approximately 80 ul.) into the specimen collection tube containing the

Tighten the cap onto the specimen collection tube and then shake the specimen collection tube vigorously to mix the specimen and the extraction buffer. Leave the collection tube for reaction for 2 minutes

- 3 Bring the pouch to room temperature before opening it. Remove the test cassette from the foil pouch and use it as soon as possible. Best results will be obtained if the test is performed immediately after opening the foil pouch.
- 4. Hold the specimen collection tube upright and unscrew the tip of the specimen collection tube Invert the specimen collection tube and transfer 3 full drops of the extracted specimen (approximately 120uL) to each of the specimen well (S) of the test cassette, then start the timer. Avoid trapping air bubbles in the specimen well (S). See illustration below.
- 5. Read the results at 10 minutes after dispensing the specimen. Do not read results after

Note: If the specimen does not migrate (presence of particles), centrifuge the diluted sample contained in the extraction buffer vial. Collect 120uL of supernatant, dispense into the specimen well (S). Start the timer and continue from step 5 onwards in the above instructions for use.



[INTERPRETING RESULTS]

The test results appear in two different test windows respectively for Toxin A or Toxin B. The interpretation criteria remain the same for positivity or negativity for specific antigens under tests as per indication of the respective Test window. The results are to be interpreted as follows:

POSITIVE:*Two distinct colored 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 Clostridium difficile antigens present 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 (C) 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.

[I IMITATION]

- 1 The Clostridium difficile Toxin A + Toxin R Combo Rapid Test Cassette (Feces) is for in vitro
- 2 The test is qualitative and cannot predict the quantity of antigens present in the sample Clinical presentation and other test results must be taken into consideration to establish diagnosis.
- 3. A positive test does not rule out the possibility that other pathogens may be present.

In a healthy individual's fecal specimens. Clostridium difficile test should give negative test result for any of the antigens tested. The Clostridium difficile Toxin A + Toxin B Combo Rapid Test Cassette (Feces) has been compared with another leading commercial rapid test. The correlation between two systems is 96.0% for C. diff Toxin A and 94.7% for Toxin B.

[PERFORMANCE]

Detection Limit

Detection limit values of Clostridium difficile Toxin A + Toxin B Combo Rapid Test Cassette was 2ng/ml for Toxin A and 7ng/ml for Toxin B

Sensitivity - Specificity

Clostridium difficile Toxin A Results

Method		Other Rapid Test		Total Results	
Clostridium difficile	Results	Positive	Negative	Total Results	
Toxin A +Toxin B Rapid	Positive	115	5	120	
Test Cassette(Feces)	Negative	7	173	180	
Total Results		122	178	300	

*Confidence Intervals

Relative Sensitivity: 94.3% (95%CI:*88.5%-97.7%) Relative Specificity: 97.2% (95%CI:*93.6%-99.1%) Relative Accuracy: 96.0% (95%CI:*93.1%-97.9%)

Clostridium difficile Toxin B Results

Method		Other Rapid Test		Total Results
Clostridium difficile	Results	Positive	Negative	Total Results
Toxin A +Toxin B Rapid	Positive	112	6	118
Test Cassette(Feces)	Negative	10	172	182
Total Results		122	178	300

*Confidence Intervals

Relative Sensitivity: 91.8% (95%CI:*85.4%-96.0%) Relative Specificity: 96.6% (95%CI:*92.8%-98.8%) Relative Accuracy: 94.7% (95%CI:*91.5%-96.9%)

Precision

Intra-assav and inter-assav

To check intra-batch accuracy (repeatability), the same positive samples and a buffer solution were processed 3 times on test kits of the same batch number in the same experimental conditions. All observed results were confirmed as expected.

To check inter-batch accuracy (reproducibility), same samples (positive and buffer) were processed on test kits from three different batches. All results were confirmed as expected.

Cross Reactivity

An evaluation was performed to determine the cross reactivity of Clostridium difficile Toxin A + Toxin B Combo Rapid Test Cassette (Feces). No cross reactivity against gastrointestinal pathogens occasionally present as following:

Campylobactercoli Salmonella enteritidis Shigelladysenteriae Campylobacterieiuni Salmonella paratyphi Shigellaflexneri E.coli O157:H7 Salmonella typhi Shigellasonnei Salmonella typhimurium Staphylococcus aureus H.pvlori Listeria monocytogenes Shigellaboydii Yersiniaenterocolitica

Interfering Substances

The following potentially Interfering Substances were added to Clostridium difficile Toxin A + Toxin B negative and positive specimens.

Ascoribic acid: 20mg/dl Oxalic acid: 60mg/dl Bilirubin: 100ma/dl Uric acid: 60mg/dl Aspirin: 20mg/dl Urea: 2000mg/dl Glucose: 2000mg/dl Caffeine: 40mg/dl Albumin: 2000ma/dl

BIBLIOGRAPHIC REFERENCES]

- 1. RamadassBalamurugan, V. Balaji and Balakrishnan S. Ramakrishna: Estimation offaecal carriage of Clostridium difficile in patients with ulcerative colitis using real timepolymerase chain reaction. Indian Journal of Medical Research, p.472-477, May 2008 2. E. J. Kuijper, B. Coignard and P. Tüll: Emergence of Clostridium difficile-associateddisease
- in North America and Europe, Review Clinical Mocrobiology and Infections, 12 suppl6, p. 2-18 Oct 2006 3. Leverly D.M., H.C. Kriyan and D.T.Wilkins: Clostridium difficile: its disease and toxins. Clinical
- Microbiology Reviews, p. 1-18, Jan. 1988
- 4. Ramsey L. et al: Fulminant Clostridium difficile: an underappreciated and increasing causeof death and complications, Annals of Surgery 235 (3) p. 363-372: Mar. 2002

IBSInternational Biomedical Supplies INC 460 West Hunt Club Road. Suite 202 Ottawa ON K2F OB8. Canada Website:www.ibsbiomedical.com