



LIMING BIO

Salmonella Antigen Rapid Test Device

REF	501080	Specimen: Feces
Language: English		Version: 01
Effective Date: 2011-12		

For professional *In vitro* diagnostic use only.

INTENDED USE

The *StrongStep*® Salmonella Antigen Rapid Test is a rapid visual immunoassay for the qualitative, presumptive detection of *Salmonella typhimurium*, *Salmonella enteritidis*, *Salmonella choleraesuis* in human fecal specimens. This kit is intended for use as an aid in the diagnosis of *Salmonella* infection.

INTRODUCTION

Salmonella is a bacterium that causes one of the most common enteric (intestinal) infections in the world—Salmonellosis. And also one of the most common bacterial foodborne illness reported (usually slightly less frequent than *Campylobacter* infection).

Theobald Smith, discovered the first strain of *Salmonella*—*Salmonella cholerae suis*—in 1885. Since that time, the number of strains (technically termed serotypes or serovars) of *Salmonella* known to cause salmonellosis has increased to over 2,300. *Salmonella typhi*, the strain that causes typhoid fever, is common in developing countries where it affects about 12.5 million persons annually, *Salmonella enterica* serotype *Typhimurium* and *Salmonella enterica* serotype *Enteritidis* are also frequently reported illnesses. *Salmonella* can cause three different kinds of illness: gastroenteritis, typhoid fever, and bacteremia. The diagnosis of Salmonellosis consists of isolation of the bacilli and the demonstration of antibodies. The isolation of the bacilli is very time consuming and antibody detection is not very specific.

PRINCIPLE

The *Salmonella* Antigen Rapid Test detects *Salmonella* through visual interpretation of color development on the internal strip. Anti-salmonella antibodies are immobilized on the test region of the membrane. During testing the specimen reacts with anti-salmonella antibodies conjugated to colored particles and precoated onto the conjugate pad of the test. The mixture then migrates through the membrane by capillary action and interacts with reagents on the membrane. If there is sufficient salmonella in the specimen, a colored band will form at the test region of the membrane. The presence of this colored band indicates a positive result, while its absence indicates a negative result. The appearance of a colored band at the control region serves as a procedural control, indicating that the proper volume of specimen has been added and membrane wicking has occurred.

KIT COMPONENTS

Individually packed test devices	Each device contains a strip with colored conjugates and reactive reagents pre-coated at the corresponding regions.
Specimens dilution tube with buffer Package insert	0.01 M Phosphate buffered saline (PBS) and 0.02% sodium azide. For operating instructions

MATERIALS REQUIRED BUT NOT PROVIDED

Timer	For timing use.
Centrifuge	For treatment of specimens in special circumstances

PRECAUTIONS

- For professional *in vitro* diagnostic use only.
- Do not use after the expiration date indicated on the package. Do not use the test if the foil pouch is damaged. Do not reuse tests.
- This kit contains products of animal origin. Certified knowledge of the origin and/or sanitary state of the animals does not completely guarantee the absence of transmissible pathogenic agents. It is therefore, recommended that these products be treated as potentially infectious, and handled by observing usual safety precautions (e.g., do not ingest or inhale).
- Avoid cross-contamination of specimens by using a new specimen collection container for each specimen obtained.
- Read the entire procedure carefully prior to testing.
- Do not eat, drink or smoke in any area where specimens and kits are handled. Handle all specimens as if they contain infectious agents. Observe established

precautions against microbiological hazards throughout the procedure and follow standard procedures for proper disposal of specimens. Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assayed.

- The specimen dilution buffer contains sodium azide, which may react with lead or copper plumbing to form potentially explosive metal azides. When disposing of specimen dilution buffer or extracted samples, always flush with copious quantities of water to prevent azide buildup.
- Do not interchange or mix reagents from different lots.
- Humidity and temperature can adversely affect results.
- Used testing materials should be discarded according to local regulations.

STORAGE AND STABILITY

- The kit should be stored at 2-30 °C until the expiry date printed on the sealed pouch.
- The test must remain in the sealed pouch until use.
- Do not freeze.**
- Cares should be taken to protect components in this kit from contamination. Do not use if there is evidence of microbial contamination or precipitation. Biological contamination of dispensing equipments, containers or reagents can lead to false results.

SPECIMEN COLLECTION AND STORAGE

- The *StrongStep*® *Salmonella* Antigen Rapid Test is intended for use with human fecal specimens only.
Watery or diarrhea specimens are inappropriate for testing.
- Perform testing immediately after specimen collection. Do not leave specimens at room temperature for prolonged periods. Specimens may be stored at 2-8 °C for up to 72 hours. If testing cannot be done within 3 days, specimens can be stored frozen at -20 °C for 6 months.
- Bring specimens to room temperature prior to testing.
- If specimens are to be shipped, pack them in compliance with all applicable regulations for transportation of etiological agents


PROCEDURE


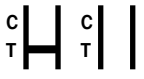
Bring tests, specimens, buffer and/or controls to room temperature (15-30 °C) before use.

- Specimen collection and pre-treatment:
 - Use clean, dry containers for specimen collection. Best results will be obtained if the assay is performed within 6 hours after collection.
 - Unscrew and remove the dilution tube applicator. Be careful not to spill or spatter solution from the tube. Collect specimens by inserting the applicator stick into at least 3 different sites of the feces to collect approximately 50 mg of feces (equivalent to 1/4 of a pea).
 - Replace the applicator back into the tube and screw the cap tightly. Be careful not to break the tip of the dilution tube.
 - Shake the specimen collection tube vigorously to mix the specimen and the extraction buffer. Specimens prepared in the specimen collection tube may be stored for 6 months at -20 °C if not tested within 1 hour after preparation.
- Testing
 - Remove the test from its sealed pouch, and place it on a clean, level surface. Label the test with patient or control identification. For best results, the assay should be performed within one hour.
 - Using a piece of tissue paper, break the tip of the dilution tube. Hold the tube vertically and dispense 3 drops of solution into the specimen well (S) of the test device.
Avoid trapping air bubbles in the specimen well (S), and do not add any solution to the result window.
As the test begins to work, color will migrate across the membrane.
- Wait for the colored band(s) to appear. The result should be read at 10 minutes. Do not interpret the result after 20 minutes.

Note: If the specimen does not migrate due to the presence of particles, centrifuge the extracted specimens contained in the extraction buffer vial. Collect 100 µL of supernatant, dispense into the specimen well (S) of a new test device and start again, following the instructions described above.

INTERPRETATION OF RESULTS

POSITIVE RESULT: 	Two colored bands appear on the membrane. One band appears in the control region (C) and another band appears in the test region (T).
NEGATIVE RESULT:	Only one colored band appears in the control region (C). No apparent colored band appears in the test region (T).

	
INVALID RESULT:	Control band fails to appear. Results from any test which has not produced a control band at the specified reading time must be discarded. Please review the procedure and repeat with a new test. If the problem persists, discontinue using the kit immediately and contact your local distributor.
	



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NOTE:

- The intensity of the color in test region (T) may vary depending on the concentration of aimed substances present in the specimen. But the substances level can not be determined by this qualitative test.
- Insufficient specimen volume, incorrect operation procedure, or performing expired tests are the most likely reasons for control band failure.

QUALITY CONTROL

- Internal procedural controls are included in the test. A colored band appearing in the control region (C) is considered an internal positive procedural control. It confirms sufficient specimen volume and correct procedural technique.
- External controls are not supplied with this kit. 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 OF THE TEST

- The Salmonella Antigen Rapid Antigen Test is for professional *in vitro* diagnostic use, and should only be used for the qualitative detection of Salmonella.
- 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 Salmonella Antigen Rapid Antigen Test can detect Salmonella typhi murium, Salmonella enteritidis and Salmonella choleraesuis, it may not react with other serotype of Salmonella.
- 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 rule out the possibility of Salmonella infection, as bacteria may be present below the minimum detection level of the test.

PERFORMANCE CHARACTERISTICS

Table: Salmonella Rapid Test vs. Culture

Relative Sensitivity: 89.8% (79.1%-96.2%)* Relative Specificity: 96.3% (89.5%-99.2%)* Overall Agreement: 93.6% (88.2%-97.0%)* *95% Confidence Interval	Culture	+	53	6	59
		-	3	78	81
				56	84

LITERATURE REFERENCES

- Ivanoff B. Typhoid fever, global situation and WHO recommendations. Southeast Asia J. Trop. Med. Public Health, 1995, 26(suppl 2) 1-6
- Parry CM, Hien TT, Dougan G et al., Typhoid fever, N. Eng. J. Med. 2002, 347:1770-82.

GLOSSARY OF SYMBOLS

	Catalog number		Temperature limitation
	Consult instructions for use		Batch code
	In vitro diagnostic medical device		Use by
	Manufacturer		Contains sufficient for <n> tests
	Do not reuse		Authorized representative in the European Community
	CE marked according to IVD Medical Devices Directive 98/79/EC		



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