

Sickle Cell Hb S, Hb A and Hb C Rapid Test Kit

REF: 1250 001 25 test

Intended Use

The Sickle Cell Rapid test kit is a lateral flow chromatographic qualitative immunoassay to aid in the rapid diagnosis of sickle cell disorders of hemoglobins A, C and S using fingerstick or venipuncture whole blood samples. User will be a clinical professional such as a doctor, physician assistant, nurse, clinical or medical assistant, or laboratory technician.

SUMMARY

Sickle Cell Disease, an inherited blood disorder, often causes red blood cells to become sickle-shaped through the presence of the abnormal hemoglobin S variant. 1. The more rigid sickle-shaped blood may have difficulty passing through small blood vessels, blocking the normal blood flow, damaging tissues, and ultimately leading to many of the complications of Sickle Cell Disease. 2. Additionally, red blood cells containing mostly hemoglobin S live only about 16 days compared to 120 days for normal red blood cells. 3. Several types of Sickle Cell conditions exist, with the most common being Sickle Cell Trait (HbAS), Sickle Cell Disease (HbSS) and Sickle Cell Disease (HbCC). Early diagnosis (preferably as a newborn) of Sickle Cell Disease is important to initiate lifesaving health maintenance therapies such as penicillin prophylaxis, vaccination against pneumococcus bacteria, folic acid supplementation, pain management medications, blood transfusions, and hydroxyurea. 4. While Sickle Cell Trait is not a type of disease, harmful complications are possible in extreme environments (increased atmospheric pressure, high altitudes, low oxygen levels, intense athletic competition, or dehydration). 5. Carriers of Sickle Cell Trait should be identified to be cautious of such situations as well as for genetic counseling and family planning.

Test Principle

The Sickle Cell Rapid test kit is a rapid, qualitative lateral flow immunoassay kit for the identification of sickle cell disorder of hemoglobins A, C and S. A small amount of blood, ten microliters (10 µL), is taken by fingerstick or venipuncture using the provided Capillary Sampler. The Sampler is placed into the buffer loaded pre-Filled extraction tube to release hemoglobin by lysing erythrocytes. 2-3 drops of the treated sample are dropped from the pre-Filled extraction tube and added to the sample inlet of the Sickle Cell card test. The treated sample flows through the test cassette for 10 minutes before the result is read. The sample will interact with antibody-conjugated colorimetric detector nanoparticles and travel to the capture zones. A total of four detection lines are possible, with the control line appearing when sample has been flowed through the card test. The presence of hemoglobin variants A, C and S will be indicated by a red line in that region.

REAGENTS AND MATERIALS PROVIDED

Test Cassettes • Droppers • Pre filled Extraction tube • Package Insert .

Materials required but not provided :

Lancet | Alcohol wipes | Gloves | Timer

Precautions and Warnings

- Only for in vitro diagnostic use for human whole blood sample.
- Handle specimens in accordance to the OSHA Standard on Blood borne Pathogens.
- Wear protective gloves, clothing, and eyewear.
- Wash hands thoroughly after handling specimens.
- Do not use Sickle Cell card test, Pre-Filled extraction tube, or any kit component beyond the indicated expiration date.
- Dispose of all used or damaged Sickle Cell card tests, Pre-Filled extraction tube, or other kit component as bio hazardous materials.
- Do not disassemble Sickle Cell card tests, which contain dry loaded reagents that may be bio hazardous, allergenic, and/or toxic.
- Do not use Sickle Cell card test, Pre-Filled extraction tube, or any other kit components if the pouch is damaged or the seal is broken.
- Grossly hemolytic, lipidic, or turbid specimens should be avoided for optimal results.
- Specimens should be free of visible aggregates and other particulate matter.
- Heterophilic Antibody Interference: some individuals have antibodies to mouse, goat, rabbit, or other heterophilic proteins; interferences may occur.
- Pre-Filled extraction tube from one lot should not be used with tests from a different lot.

SYMBOLS IN PRODUCT LABELLING			
	Authorised Representative		Use by/Expiration Date
	For in-vitro diagnostic use		CAUTION. Consult instructions for use
	Batch Code/Lot number		Manufactured by
	Catalogue Number		(Xi) - Irritant
	Consult instructions for use		Temperature Limitation

Storage and Stability

- Store sealed Sickle Cell card tests and pre-Filled extraction tube at 2°C – 45°C or 35°F – 113°F. Do not freeze (0°C or lower) Sickle Cell card tests and pre-Filled extraction tube Do not remove the Sickle Cell card test from sealed pouch until ready for use.
- When stored/transported properly, Sickle Cell card tests and pre-Filled extraction tube are stable until the marked expiration date.

Specimen Collection and Preparation

- Follow instructions detailed in this package insert as well as the specimen collection tube (with EDTA anticoagulant) manufacturer instructions for venipuncture specimens. Samples stored in specimen collection tube with EDTA anticoagulant for 1 week after collection at 2°C – 45°C can be tested with Sickle Cell Card Test.
- Fingerstick or samples collected with the provided Capillary Samplers should be used immediately upon collection.

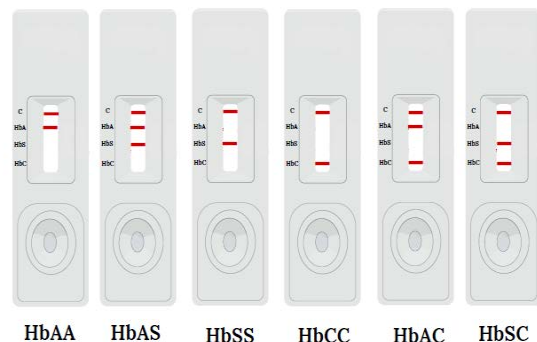
Test Procedure

Do not open pouch until ready to use. Prep necessary materials: Sickle Cell card test | pre-Filled extraction tube and label them with patient ID.

1. Obtain 10 µL (1 drop) of fingerstick blood specimen. For intravenous sampling follow standard laboratory protocols. Open Pre-Filled extraction tubes and insert 10 µL into the pre-Filled extraction tube. Take care in opening the pre-Filled extraction tube, as it contains a premeasured volume of extraction buffer.
2. Tightly close the cap of extraction tube. Invert the extraction tube, mix few times and allow it to incubate for 20-30 mins at room temperature for complete treatment of the specimen with buffer. Immediately dispense 2-3 drops into the Sickle Cell card test. Remove any air bubbles in the dropper. Test on a level surface at room temperature.
3. Allow test to run for 10 minutes. Read the results of the Sickle Cell by viewing the detection window. Test results that have run over 15 minutes are invalid.

INTERPRETATION OF RESULTS

A total of three detection lines are possible, with the control line appearing when sample has been flowed through the card test. The presence of hemoglobin variants A, C and S greater than the limit-of-detection will be indicated by a red line in that region. The diagram below demonstrates the expected results of hemoglobin variants that the provider may encounter.



Internal Quality Control Procedure

Each Sickle Cell test device has a built-in control. A dark- red colored line in the detection window at the Control line can be considered an internal positive procedural control. The Control line will appear if the test procedure has been correctly performed. If the Control line does not appear, the test is invalid and a new test must be performed. If the problem persists, please contact your local vendor or Spectrum for technical support.

External Quality Control Procedure

- Good laboratory practice recommends the use of external results (red lines) for test (HbA, HbC and HbS) and control (Ctrl) lines when the test has been performed correctly and the test device is functioning properly.

- The use of negative and positive controls from other commercial kits has not been established in the Sickle Cell Card Test.

Sickle Cell performance can be evaluated using Sickle Cell Controls (negative, positive) available from Spectrum. Follow instructions included in Sickle Cell Controls package for preparation, use, storage, and determination of appropriate values. Frequency of external control testing should be determined by your laboratory director and according to your laboratory standard quality control protocols. Upon confirmation of the expected results, the kit is ready to use with patient specimens.

The negative control will yield an affirmative result (dark red line) for the control (Ctrl) line only, when the test has been performed correctly and the test device is properly functioning. The positive control will produce affirmative results (red lines) for test (HbA, HbC and HbS) and control (Ctrl) lines when the test has been performed correctly and the test device is functioning properly.

The use of negative and positive controls from other commercial kits has not been established in the Sickle Cell Card Test.

LIMITATIONS OF TEST

Performance of Sickle Cell has not been established for sickle cell patients with beta-thalassemia.

Performance Characteristics

Patient samples (n = 100) were collected and characterized using HPLC analysis and solubility test and were then used for assessment of our kit. All known samples were characterized as HbAS, HbCC, HbSS and HbAA.

Sickle Cell performance compared to hemoglobin electrophoresis based diagnosis

	SS	AS	AA	AC	CC	Total
Clinical SS	10	0	0	0	0	10
Clinical AS	0	10	0	0	0	10
Clinical AC	0	0	0	10	0	10
Clinical CC	0	0	0	0	10	10
Clinical AA	0	0	80	0	0	80
Total	10	10	80	10	10	120
Specificity	>99 %	>99 %	>99 %	>99%	>99 %	>99%
Sensitivity	>99 %	>99%	>99%	>99%	>99 %	>99%

Interferences Sickle Cell demonstrates ≤10% interference with the following substances at the concentrations indicated: Protein (Albumin) 50 mg/mL, Bilirubin 2.5 µg/mL, Triglycerides 2.5 mg/mL, Hydroxyurea 75 µg/mL, and Penicillin 500 µg/mL.

References

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