ROTA-ADENOVIRUS combo cassette

CONTENTS

<table>
<thead>
<tr>
<th>REF</th>
<th>4200220</th>
<th>Rota-Adenovirus</th>
<th>20 Tests</th>
</tr>
</thead>
</table>

For professional in vitro diagnostic use only

PRINCIPLE

The Rota-Adenovirus cassette is a one step coloured chromatographic immunoassay for the qualitative detection of Rotavirus and/or Adenovirus in stool samples. The membrane is pre-coated with monoclonal antibodies, on the test band region, against viral antigens. During testing, the sample is allowed to react with the coloured conjugate (anti-rotavirus monoclonal antibodies-red microspheres and anti-adenovirus monoclonal antibodies-blue microspheres) which was pre-dried on the test strip. The mixture then moves upward on the membrane by capillary action. As the sample flows through the test membrane, the coloured particles migrate. In the case of a positive result the specific antibodies present on the membrane will capture the coloured conjugate. Different coloured lines will be visible, depending upon the virus content of the sample. These lines are used to interpret the result.

The mixture continues to move across the membrane to the immobilized antibody placed in the control band region, a GREEN coloured band always appears. The presence of this GREEN band serves as 1) verification that sufficient volume is added, 2) that proper flow is obtained and 3) as an internal control for the reagents.

PACKAGING CONTENTS

- 20 Rota-Adenovirus test Devices
- 20 Specimen collection tubes wth sample diluent

PRECAUTIONS

All the specimens should be considered potentially hazardous and handled in the same manner as an infectious agent. The test strip should be discarded in a proper biohazard container after testing.

STORAGE AND STABILITY

Store at 2-30ºC.

The test is stable through the expiration date printed on each blister. The test strip must remain in the closed pack until use. Do not freeze.

SPECIMEN COLLECTION AND PREPARATION

Stool samples should be collected in clean containers and the assay should be done right after collection. The samples can be stored in the refrigerator (2-4 ºC) for 1-2 days prior to testing. For longer storage, maximum 1 year, the specimen must be kept frozen at –20ºC. In this case, the sample will be totally thawed, and brought to room temperature before testing.

Specimen preparation (see illustration):

1. Unscrew the tap and use the stick to pick up a little sample, if the stool sample was liquid take 100 µL using a pipette, and add the sample into the stool collection tube.

2. Close the tube with the diluent and stool sample. Shake the tube in order to assure good sample dispersion.

INTERPRETATION OF RESULTS (please refer to the illustration below)
NEGATIVE: only one GREEN band appears across the central window in the site marked with the letter C (control line).

ROTA VIRUS POSITIVE: in addition to the GREEN control band, a RED band (Rotavirus test line) also appears in the site marked with the letter T (results lines).

ADENOVIRUS POSITIVE: in addition to the GREEN control band, a BLUE band (Adenovirus test line) also appears in the site marked with the letter T (results lines).

ROTA VIRUS-ADENOVIRUS POSITIVE: All the lines above described (a GREEN control band in the control region, a RED band and a BLUE band in the result region) could appear at the same time during the test performance due to a simultaneous infection of Rotavirus and Adenovirus.

INVALID: A total absence of the control coloured band (GREEN) regardless the appearance or not of the results lines (RED/BLUE). Insufficient specimen volume, incorrect procedural techniques or deterioration of the reagents 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 and contact your local distributor.

NOTES
The intensity of the red or blue coloured band in the test line region will vary depending on the concentration of antigens present in the specimen. However, neither the quantitative value, nor the rate of increase in antigens can be determined by this qualitative test.

QUALITY CONTROL
Internal procedural controls are included in the test. A green line appearing in the control region is the internal procedural control. It confirms sufficient specimen volume and correct procedural technique.

CLINICAL SIGNIFICANCE
Rotavirus and Adenovirus are major causes of infectious gastroenteritis in infants and young children, also observed in adults. They are transmitted by fecal-oral contact. The main symptoms of viral gastroenteritis are watery diarrhoea and vomiting. The affected person may also have headache, fever, and abdominal cramps ("stomach ache"). In general, the symptoms begin 1 to 2 days following infection with a virus that causes gastroenteritis and may last for 1 to 10 days, depending on which virus causes the illness (Rotavirus 3 days and Adenovirus 5-8 days).

LIMITATIONS
1. The test must be carried out within 2 hours of opening the sealed pack.
2. An excess of stool sample could cause wrong results (brown bands appear). Dilute the sample with the buffer and repeat the test.
3. After one week of infection, the number of viruses in feces is decreasing, making the sample less reactive. Stool samples should be collected within one week of the onset of symptoms.
4. This test provides a presumptive diagnosis for Rotavirus and/or Adenovirus infections. A confirmed infection diagnosis should only be made by a physician after all clinical and laboratory findings have been evaluated.

EXPECTED VALUES
Negative results are expected in healthy infants and young children, also in healthy adults.

ANALYTICAL PERFORMANCE
The evaluation was conducted comparing the results obtained using the Rota-Adeno Virus Strip to another commercial available Rota-Adeno membrane assay.

Sensitivity
The detection of Rotavirus showed a 100% of concordance in sensitivity.

The detection of Adenovirus showed a 90% of concordance in sensitivity.

Specificity
The detection of Rotavirus showed a 99% of concordance in specificity.

The detection of Adenovirus showed a 100% of concordance in specificity.

The use of monoclonal antibodies in the elaboration of Rota-Adeno Virus Strip assures high degree of specificity for the detection of these viruses.

REFERENCES