

# cTnI (TROPONIN I) Rapid Test

(Whole blood/Serum/Plasma - Cassette) Product code: CCM-200

approximately 75µL. Avoid air bubbles.

- Place the bulb onto the top end of the capillary tube, then squeeze the bulb to dispense the whole blood to the specimen area of the test cassette
- · Add the Fingerstick Whole Blood specimen to the test by using hanging drops:
  - Position the patient's finger so that the drop of blood is just above the specimen area of the test cassette.
  - Allow 3 hanging drops of fingerstick whole blood to fall into the center of the specimen area on the test cassette or move the patient's finger so that the hanging drop touches the center of the specimen area. Avoid touching the finger directly to the specimen area.
- Separate serum or plasma from blood as soon as possible to avoid hemolysis. Use only clear non-hemolyzed specimens.
- Testing should be performed immediately after the specimens have been collected. Do not leave the specimens at room temperature for prolonged periods. Serum and plasma specimens may be stored at 2-8°C for up to 3 days. For long term storage, specimens should be kept below -20°C. Whole blood collected by venipuncture should be stored at 2-8°C if the test is to be run within 2 days of collection. Do not freeze whole blood specimens. Whole blood collected by fingerstick should be tested immediately.
- Bring specimens to room temperature prior to testing. Frozen specimens must be completely thawed and mixed well prior to testing. Specimens should not be frozen and thawed repeatedly.
- If specimens are to be shipped, they should be packed in compliance with local regulations covering the transportation of etiologic agents.

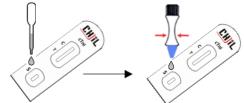
### TEST PROCEDURE

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

- 1. Bring the pouch to room temperature before opening it. Remove the test cassette from the sealed pouch and use it as soon as possible.
- 2. Place the cassette on a clean and level surface.

For Serum or Plasma specimen:

- · Hold the dropper vertically and transfer 2 drops of serum or plasma (approximately 50 µL) to the specimen area, then add 1 drops of buffer (approximately 40 µL) and start the timer. See illustration below. For Whole Blood specimen:
- · Hold the dropper vertically and transfer 1 drops of whole blood (approximately 25  $\mu$ L) to the specimen area, then add 3 drops of buffer (approximately 75 µL) and start the timer. See illustration below
- 3. Read the results after 10 minutes. Avoid interpreting the results after 20



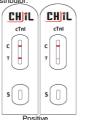
INTERPRETATION OF RESULTS
POSITIVE: \* Two lines appear. One colored line should be in the control line region (C) and another apparent colored line should be in the test line region

\*NOTE: The intensity of the color in the test line region (T) will vary depending on the concentration of Troponin I(cTnI) present in the specimen. Therefore, any shade of color in the test line region (T) should be considered positive.

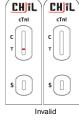
NEGATIVE: One colored line appears in the control line region (C). No line appears in the test line region (T).

INVALID: Control line 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.







cTnl One Step Troponin I Test Cassette (Whole Blood/Serum/Plasma) is a rapid chromatographic immunoassay for the qualitative detection of human cardiac Troponin I in whole blood, serum or plasma as an aid in the diagnosis of myocardial infarction (MI).

# INTRODUCTION

Cardiac Troponin I (cTnI) is a protein found in cardiac muscle with a molecular weight of 22.5 kDa. Troponin I is part of a three-subunit complex comprising of Troponin T and Troponin C. Along with tropomyosin, this structural complex forms the main component that regulates the calcium sensitive ATPase activity of actomyosin in striated skeletal and cardiac muscle. After cardiac injury occurs, Troponin I is released into the blood 4-6 hours after the onset of pain. The release pattern of cTnl is similar to CK-MB, but while CK-MB levels return to normal after 72 hours, Troponin I remain elevated for 6-10 days, thus providing for a longer window of detection for cardiac injury. The high specificity of cTnl measurements for the identification of myocardial damage has been demonstrated in conditions such as the perioperative period, after marathon runs, and blunt chest trauma. cTnl release has also been documented in cardiac conditions other than acute myocardial infarction (AMI) unstable angina, congestive heart failure, and ischemic damage coronary artery bypass surgery. Because of its high specificity and sensitivity in the myocardial tissue, Troponin I has recently become the most preferred biomarker for myocardial infarction. cTnl One Step Troponin I Test Cassette (Whole Blood/Serum/Plasma) is a simple test that utilizes a combination of anticTnl antibody coated particles and capture reagent to detect cTnl in whole blood, serum or plasma. The minimum detection level is 0.5ng/mL. PRINCIPI F

The cTnl One Step Troponin I Test Cassette (Whole Blood/Serum/Plasma) is a qualitative, membrane-based immunoassay for the detection of Troponin I(cTnI) in whole blood, serum or plasma. In this test procedure, capture reagent is immobilized in the test line region of the test. After the specimen is added to the specimen area of the cassette, it reacts with anti-cTnl antibody coated colloid gold particles in the test. This mixture migrates chromatographically along the length of the test and interacts with the immobilized capture reagent. The test format can detect Troponin I(cTnI) in specimens. If the specimen contains Troponin I(cTnl), a colored line will appear in the test line region, indicating a positive result. If the specimen does not contain Troponin I(cTnI), a colored line will not appear in this region, indicating a negative result. To serve as a procedural control, a colored line will always appear in the control line region, indicating that proper volume of specimen has been added and membrane wicking has occurred.

## PRODUCT CONTENTS

The test cassette contains anti-cTnl antibody coated colloid gold particles and capture reagent coated on the membrane MATERIALS SUPPLIED

# 1. Test cassette 2. Dropper

3. Buffer 4. Instructions for use MATERIAL REQUIRED BUT NOT PROVIDED

1. Specimen collection containers 2. Centrifuge 3. Timer

For fingerstick whole blood:

1. Heparinized capillary tubes and dispensing bulb 2. Lancets STORAGE AND STABILITY

Store as packaged in the sealed pouch either 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 after the expiration date.

# WARNINGS AND PRECAUTIONS

- · For professional in vitro diagnostic use only. Do not use after expiration date.
- . Do not eat, drink or smoke in the area where the specimens or kits are handled
- · Do not use the test if the pouch is damaged.
- 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.

### SPECIMEN COLLECTION

- cTnl One Step Troponin I Test Cassette (Whole Blood/Serum/Plasma) can be performed using whole blood (from venipuncture or fingerstick), serum or
- To collect Fingerstick Whole Blood specimens:
- · Wash the patient's hand with soap and warm water or clean with an alcohol swab. Allow it to dry.
- Massage the hand without touching the puncture site by rubbing down the hand towards the fingertip of the middle or ring finger. Puncture the skin with a sterile lancet. Wipe away the first sign of blood.
- Gently rub the hand from wrist to palm to finger to form a rounded drop of blood over the puncture site.
- Add the Fingerstick Whole Blood specimen to the test by using a capillary tube
  - Touch the end of the capillary tube to the blood until filled to



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A procedural control is included in the test. A colored line appearing in the control line region(C) is considered an internal 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.

## LIMITATIONS

- 1. cTnl One Step Troponin I Test Cassette (Whole Blood/Serum/Plasma) is for in vitro diagnostic use only. This test should be used for the detection of Troponin I in whole blood, serum or plasma specimens only. Neither the quantitative value nor the rate of increase in cTnl can be determined by this
- 2. cTnl One Step Troponin I Test Cassette (Whole Blood/Serum/Plasma) will only indicate the qualitative level of cTnI in the specimen and should not be
- used as the sole criteria for the diagnosis of myocardial infarction. 3. cTnl One Step Troponin I Test Cassette (Whole Blood/Serum/Plasma) cannot detect less than 0.5ng/mL of cTnI in pecimens. A negative result at
- any time does not preclude the possibility of myocardial infarction. 4. As with all diagnostic tests, all results must be interpreted together with other clinical information available to the physician.
- 5. Some specimens containing unusually high titers of heterophile antibodies or rheumatoid factor (RF) may affect expected results. Even if the test results are positive, further clinical evaluation should be considered with other clinical information available to the physician.
- 6. There is a slight possibility that some whole blood specimens with very high viscosity or which have been stored for more than 2 days may not run properly on the test cassette. Repeat the test with a serum or plasma specimen from the same patient using a new test cassette.

## PERFORMANCE CHARACTERISTICS

## Sensitivity and Specificity

cTnl One Step Troponin I Test Cassette (Whole Blood/Serum/Plasma) has been evaluated with a leading commercial cTnl EIA test using clinical specimens. The results show that the sensitivity of The cTnl One Step Troponin I Test Cassette (Whole Blood/Serum/Plasma) is 98.8% and the specificity is 98.9% relative to the leading EIA test.

Method		EIA		Total
One Step	Results	Positive	Negative	Result
cTnl Test	Positive	158	7	165
Cassette	Negative	2	603	605
Total Result		160	610	770
Sensitivity: 98.8% Specif		icity: 98.9%	Accuracy: 98.8%	

### Precision

# Intra-Assav

Within-run precision has been determined by using 15 replicates of five specimens: a negative, cTnl 1.0ng/mL positive, cTnl 5.0ng/mL positive, cTnl 10ng/mL positive and cTnl 40ng/mL positive. The negative, cTnl 1.0ng/mL positive, cTnl 5.0ng/mL positive, cTnl 10ng/mL positive and cTnl 40ng/mL positive values were correctly identified >99% of the time.

### Inter-Assay

Between-run precision has been determined by 15 independent assays on the same five specimens: a negative, cTnl 1.0ng/mL positive, cTnl 5.0ng/mL positive, cTnl 10ng/mL positive and cTnl 40ng/mL positive specimens. Three different lots of the cTnl One Step Troponin I Test Cassette (Whole Blood/Serum/Plasma) have been tested over a 3-day period using negative, cTnl 1.0ng/mL positive, cTnl 5.0ng/mL positive, cTnl 10ng/mL positive and cTnl 40ng/mL positive specimens. The specimens were correctly identified >99% of the time.

# Cross-reactivity

cTnl One Step Troponin I Test Cassette (Whole Blood/Serum/Plasma) has been tested by 10,000ng/mL Skeletal Troponin I, 2,000ng/mL Troponin T, 20,000ng/mL Cardiac Myosin, HBsAg, HBsAb, HBeAg, HBeAb, HBcAb, syphilis, anti-HIV, anti-H. pylori, MONO, anti-CMV, anti-Rubella and anti-Toxoplasmosis positive specimens. The results showed no cross-reactivity.

### Interfering Substances

The following potentially interfering substances were added to cTnl negative and positive specimens.

Acetaminophen: 20 mg/dL Acetylsalicylic Acid: 20 mg/dL Ascorbic Acid: 20mg/dL Creatin: 200 mg/dL Bilirubin: 1.000mg/dL Cholesterol: 800mg/dL

Caffeine: 20 mg/dL Gentisic Acid: 20 mg/dL Albumin: 10.500mg/dL Hemoglobin 1.000 mg/dL Oxalic Acid: 600mg/dL Triglycerides: 1,600mg/dL None of the substances at the concentration tested interfered in the assay

cTnl One Step Troponin I Test Cassette (Whole Blood/Serum/Plasma) has been compared with a leading commercial cTnl EIA test, demonstrating an overall accuracy of 98.8%.

- 1. Adams, et al. Biochemical markers of myocardial injury, Immunoassay Circulation 88:750-763, 1993.
- 2. Mehegan JP, Tobacman LS. Cooperative interaction between

- troponin molecules bound to the cardiac thin filament. J.Biol.Chem. 266:966, 1991.
- 3. Adams, et al. Diagnosis of Perioperative myocardial infarction with measurements of troponin I. N.Eng.J.Med 330:670, 1994.
- 4. Hossein-Nia M, et al. troponin I release in heart transplantation. Ann. Thorac. Surg. 61: 227, 1996.
- 5. Alpert JS, et al. Myocardial Infarction Redefined, Joint European Society of Cardiology American College of Cardiology: J. Am. Coll. Cardio., 36(3):959, 2000



CHIL TIBBİ MAL. SAN. TİC. LTD. ŞTİ. 10028 sok. No.11 AOSB 35620 Cigli-Izmir/Turkey Tel:+90 232 2901688, Fax: +90 232 2901323 E-mail: info@chil.com.tr www.chil.com.tr

$\epsilon$	CE marking	2°C - 30°C	Storage temperature limitation
IVD	For in vitro diagnostic use	><	Expiry date
•••	Manufacturer		Consult Instruction for use
Σ	Test per kit	8	Do not re-use
LOT	Lot code		