

Potential interference Drug substances

The details of interfering drug molecules are mentioned in the following table. Each interfering drug molecule substances were spiked at the final concentration of 250µg/ml in HIV 1, HIV 2 and Syphilis, positive as well as negative specimens, respectively. No false positive or false negative results were observed with any of drug molecules when tested with First Response® HIV 1+2 / Syphilis Combo Card Test.

Diclofenac	Naproxen IP	Acetaminophen	Rifampicin	Ibuprofen
Folic acid	Pantoprazole	Pyrazinamide	Metformin	Aspirin
Ecosprin	Hydrochlorothiazide	Cholecalciferol	Isoniazid	Ampicillin Sodium salt
Magnesium sulphate	Ascorbic Acid (Limec)	Ritonavir	Ferrous Ascorbate	Nevirapine
Daruvir	Cyclobenzaprine Hydrochloride			

Precision

The precision of the First Response® HIV 1+2 / Syphilis Combo Card Test was determined by using the 21 different specimens containing different concentrations of antibodies in 5 different replicates with 3 different lots of test devices. Between-run and within-run precision were observed 100%.

External Evaluation Report

Place of Evaluation	Year	Sensitivity		Specificity	
		Syphilis	HIV	Syphilis	HIV
Zimbabwe (Plasma)	2015	100% (92.94%-100%)	100% (95.60%-100%)	100% (98.00%-100%)	100% (97.59%-100%)
Ghana (Serum/Plasma)	2017	100% (94.29%-100%)	100% (94.29%-100%)	100% (96.88%-100%)	100% (96.88%-100%)
WHO evaluation (Serum/Plasma)	2018	99.0% (96.4% - 99.9%)	100% (98.2% - 100%)	100% (98.2% - 100%)	99.5% (97.2% - 100%)
Ghana (Capillary vs Venus whole blood specimen)	2018	100% (87.35%-100%)	100% (96.19%-100%)	100% (97.71%-100%)	100% (96.07%-100%)
Zimbabwe (Pregnant women whole blood specimen)	2019	100% (87.01%-100%)	100% (96.55%-100%)	100% (98.06%-100%)	100% (96.69%-100%)

Limitations

- Do not use anti-coagulants other than heparin, EDTA, and sodium citrate.
- Do not use the haemolysed specimen. A haemolysed specimen may give reddish background even after the end of test time.
- Interpret a faint line as a positive line. Repeat the test in case of a very faint test line or if have any doubt for the test line.
- Although a positive result may indicate an infection of HIV 1 and/or HIV 2 or Syphilis (*Treponema pallidum*), a diagnosis of diseases can only be made on clinical grounds. This test should not be used as the sole criteria for the diagnosis of HIV/ *Treponema pallidum*.
- For confirmation, further analysis of the specimens should be performed, such as ELISA, or western blot analysis for HIV and TPHA for Syphilis. As with all diagnostic tests, results must be interpreted together with other clinical information available to the physician.
- False negative results may arise because of hook effect due to a very high titer of antibody in a specimen. Repeat the test by using 1:10 dilution of the same specimen (01 portion) in respective non-reactive specimen matrix (09 portions).
- A non-reactive result does not eliminate the possibility of infection with HIV1/2 and/or *Treponema pallidum*. The specimen may contain a low level of antibodies that cannot be detected by First Response® HIV 1+2 / Syphilis Combo Card Test. If a test result is non-reactive and clinical symptoms persists, additional testing using other reference method is recommended and/or retested for HIV antibodies after more than 21 days since the original testing.
- Some HIV infected persons on antiretroviral medication may produce false negative results when tested with rapid diagnostic tests.

SYMBOL LEGENDS			
	Consult instructions for use		Contains sufficient for < n > tests
	Non Sterile		Product Code
	In vitro diagnostic medical device		Lot Number
	Store at 4-30 °C		Manufacturer
	Caution		Date of manufacture (YYYY-MM)
	Keep dry		Expiration Date (YYYY-MM)
	Do not reuse		Do not use if test device pouch is damaged
	Keep away from sunlight		

References:

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- Mwumvaneza Mutagoma, Eric Remera, Dieudonné Sebuhero, Steve Kanters, David J. Riedel, and Sabin Nsanzimana, “The Prevalence of Syphilis Infection and Its Associated Factors in the General Population of Rwanda: A National Household-Based Survey,” Journal of Sexually Transmitted Diseases, vol. 2016, Article ID 4980417, 8 pages, 2016. https://doi.org/10.1155/2016/4980417.

Product Disclaimer & Warnings

Every warnings and precaution should be taken into consideration before using the test. Failure to consider “Precaution, Warning, and Limitations” may not ensure the diagnostic ability and accuracy of this product. The test result may accordingly be affected by environmental factors and/or user error outside of the control of the Manufacturer and Distributor.

A definitive clinical diagnosis should not be based on the results of a single test, but it should be made by the physician after all clinical and laboratory findings have been evaluated.

“In no event shall our company or its distributor is liable for any direct, indirect, punitive, unforeseen, incidental, special consequential damages, to property or life, whatsoever arising out of or connected with an incorrect diagnosis, whether positive or negative, in the use or misuse of this product”.In the event of performance changes or product malfunction, please contact manufacturer.

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• ISO 13485 & EN ISO 13485 Certified Company

Part No.(S)I20-INS-007, Rev.: AB, Date:2020-02-17
Note : Instructions for use will be printed in local language of the country using the test, if required.



FIRST RESPONSE® HIV 1+2 / SYPHILIS COMBO CARD TEST

Rapid immunochromatographic Card Test for detection of Antibodies to HIV and/or Syphilis in human whole blood/ serum/ plasma

REF I20FRC25, I20FRC30, I20FRC50, I20FRC60 & I20FRC100

Intended Use

First Response® HIV 1+2 / Syphilis Combo Card Test is intended for use by healthcare professionals and qualified laboratory personnel. It is a rapid, qualitative screening, in vitro diagnostic test for the detection of antibodies (IgG & IgM) specific to HIV (type 1 & 2) and *Treponema pallidum* in human serum, plasma or venous and capillary whole blood. The test can be used as an aid in the diagnosis of HIV and/or Syphilis. The product can be used for symptomatic, asymptomatic and pregnant women population. The test kit is not automated and does not require any additional instrument. Reactive specimens should be confirmed by supplemental testing with ELISA, Western Blot or TPHA.

Introduction

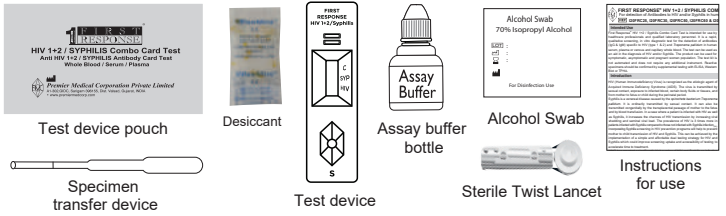
HIV (Human Immunodeficiency Virus) is recognized as the etiologic agent of Acquired Immune Deficiency Syndrome (AIDS). The virus is transmitted by sexual contact, exposure to infected blood, certain body fluids or tissues, and from mother to fetus or child during the perinatal period. Syphilis is a venereal disease caused by the spirochete bacterium Treponema pallidum. It is ordinarily transmitted by sexual contact. It can also be transmitted congenitally by the transplacental passage of mother to the fetus and by blood transfusion. In a case where a patient is infected with HIV as well as Syphilis, it increases the chances of HIV transmission by increasing viral shedding and seminal viral load. The prevalence of HIV is 3 times more in patients infected with Syphilis compared to those not infected with Syphilis infection(14). Incorporating Syphilis screening in HIV prevention programs will help to prevent mother to child transmission of HIV and Syphilis. This can be achieved by the implementation of a simple and affordable dual testing strategy for HIV and Syphilis which could improve screening uptake and accessibility of testing to accelerate time to treatment. WHO has reported a significantly high number of HIV and Syphilis co-infection in mother to child transmission (MTCT) in Africa. Therefore, the WHO has announced in June 2012 that Prevention of Mother to Child Transmission (PMTCT) should not be considered alone for HIV but considered for HIV and/or Syphilis both, with a vision to eliminate new HIV infections to children by 2015(12). To achieve this vision each pregnant woman should be tested for Syphilis and HIV both rather than HIV only. Development of a single test device containing HIV and Syphilis antigens will solve the issue defined above and will also be a useful step in achieving WHO's ambitious goal.

Assay Principle

First Response® HIV 1+2 / Syphilis Combo Card Test is based on the principle of immunochromatography for the qualitative detection of antibodies(IgG & IgM) specific for HIV 1&2 and/or Syphilis. The nitrocellulose membrane is coated with a cocktail of recombinant antigen for HIV 1 (gp41) and HIV 2 (gp36) at test line “HIV” and Recombinant TP antigen (P47, P45, P17, P15) specific for Treponema pallidum at the test line “Syp” and control reagent coated at the control line “C”. When serum or plasma or whole blood specimen is applied to the specimen well of the test device, the cocktail of recombinant HIV 1+2 (gp41 & gp36) antigen - colloidal gold conjugate (CGC) & recombinant Treponema pallidum antigens colloidal gold conjugate will react with HIV and/or Syphilis specific antibodies, if present in the specimen. The antibody-CGC antigen complex and assay buffer move along the membrane chromatographically to the test regions and form a visible purple colored line as the antigen-antibody-CGC antigen complex forms with a high degree of sensitivity and specificity. If the specimen contains antibodies to Treponema pallidum, the purple colored line will appear in the test area at test line “Syp”, corresponding to the Syphilis line. If the specimen contains antibodies to HIV 1 and/or 2, the purple colored line will appear in the test area at test line “HIV”, corresponding to HIV 1+2 line.

The presence of both test lines indicates that the specimen contains antibodies to HIV as well as Treponema pallidum. The absence of the purple colored line at both test line regions indicates that the specimen is non-reactive for HIV and Treponema pallidum, showing a negative result. The purple colored Control line will appear irrespective of a reactive or non-reactive specimen. The control line is a procedural control, serves to demonstrate functional reagents and correct migration of fluid.

Materials Provided



Note: Materials provided other than assay buffer bottle are for single use only.

Materials provided	I20FRC25	I20FRC30	I20FRC50	I20FRC60	I20FRC100
Test device pouch containing: 1 test device, 1 desiccant	25 Nos.	30 Nos.	50 Nos.	60 Nos.	100 Nos.
Specimen transfer device	25 Nos.	30 Nos.	50 Nos.	60 Nos.	100 Nos.
Assay buffer bottle (2.5 ml)	1 No.	1 No.	2 Nos.	4 Nos.	4 Nos.
Sterile twist lancets	25 Nos.	30 Nos.	50 Nos.	60 Nos.	100 Nos.
Alcohol swabs	25 Nos.	30 Nos.	50 Nos.	60 Nos.	100 Nos.
Instructions for use	1 No.	1 No.	1 No.	1 No.	2 Nos.

Materials Required but Not Provided

- New pair of disposable gloves and face mask for each test conducted/specimen collected by Fingerstick.
- Sterile gauze pad and tissue paper.
- Permanent marker pen and timer.
- Extra sterile twist lancets, alcohol swabs, and specimen transfer devices, if needed.
- Sharp disposable box and biohazardous waste container.
- Venipuncture blood collection kit (if whole blood is collected by venipuncture).

Storage and Stability

- First Response® HIV 1+2 / Syphilis Combo Card Test kit should be stored at 4-30°C.
- Do not freeze the kit or components.
- The kit is sensitive to humidity and heat. Do not store the kit at the temperature above 30°C and in humid conditions.
- Assay buffer (opened & unopened) & the unopened test device are stable until the expiry date printed on the label when stored at 4-30°C.
- Perform the test immediately after removing the test device from the aluminium pouch. If the desiccant color has changed from orange to green, do not use the test device.
- Test device is stable until the printed expiry date on the pouch/external secondary packaging.

Precautions

- Wear protective gloves and face mask while handling specimens.
- Dispose of used gloves as biohazard waste. Wash hands thoroughly afterward.
- Avoid splashing or aerosol formation.
- Clean up spills thoroughly using an appropriate disinfectant.
- Decontaminate and dispose of all used specimens, test devices, alcohol swabs, and specimen transfer devices as infectious waste, in a biohazardous waste container. Dispose of used sterile twist lancets in a sharps box and face mask in a waste container.

Warnings

- For in vitro diagnostic use only.
- Read the instructions carefully before performing the test, any deviation will invalidate the test results.
- Apply standard biosafety precautions for handling and disposal of potentially infective materials including human biological specimens irrespective of the disease state.
- Do not drink the assay buffer. It contains sodium azide as a preservative which may be toxic if ingested. When disposed of through sink, flush with a large quantity of water.
- Devices and assay buffer of a different lot must not be used.