



Product Service

# Certificate

No. Q5 092305 0001 Rev. 00

**Holder of Certificate:** **Zhejiang Orient Gene Biotech Co., Ltd.**  
3787#, East Yangguang Avenue, Dipu Street Anji  
313300 Huzhou, Zhejiang  
PEOPLE'S REPUBLIC OF CHINA

**Certification Mark:**



**Scope of Certificate:** Design and Development, Production and Distribution of In Vitro Diagnostic Reagents for Cardiac Diseases, Infectious Diseases, Oncology and for Biochemistry as well as Rapid Tests for Fertility, Rapid Tests for Drugs of Abuse, Chlamydia Trachomatis Antigen, Toxoplasma gondii(Toxo) IgG/IgM, Toxoplasma gondii(Toxo) IgG, Toxoplasma gondii(Toxo) IgM, Digital Pregnancy Tests for Self-testing, and Distribution of Urine Analyzer as well

The Certification Body of TÜV SÜD Product Service GmbH certifies that the company mentioned above has established and is maintaining a quality management system, which meets the requirements of the listed standard(s). All applicable requirements of the testing and certification regulation of TÜV SÜD Group have to be complied with. For details and certificate validity see: [www.tuvsud.com/ps-cert?q=cert:Q5\\_092305\\_0001\\_Rev\\_00](http://www.tuvsud.com/ps-cert?q=cert:Q5_092305_0001_Rev_00)

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**Valid from:** 2021-03-17

**Valid until:** 2024-03-16

**Date,** 2021-03-03

Christoph Dicks  
Head of Certification/Notified Body







Deutsche  
Akkreditierungsstelle  
D-ZM-11321-01-00



Product Service

# Certificate

No. Q5 092305 0001 Rev. 00

**Applied Standard(s):** EN ISO 13485:2016  
Medical devices - Quality management systems -  
Requirements for regulatory purposes  
(ISO 13485:2016)  
DIN EN ISO 13485:2016

**Facility(ies):** Zhejiang Orient Gene Biotech Co., Ltd.  
3787#, East Yangguang Avenue, Dipu Street Anji, 313300  
Huzhou, Zhejiang, PEOPLE'S REPUBLIC OF CHINA

See Scope of Certificate





浙江东方基因生物制品股份有限公司  
Zhejiang Orient Gene Biotech Co., LTD



CE-DOC-OG039  
Version 2.0

# EC Declaration of Conformity

In accordance with Directive 98/79/EC

**Legal Manufacturer:** *Zhejiang Orient Gene Biotech Co., Ltd*

**Legal Manufacturer Address:** *3787#, East Yangguang Avenue, Dipu Street,  
Anji 313300, Huzhou, Zhejiang, China*

Declares, that the products  
Product Name and Model(s)

H. pylori Ag Rapid Test Strip (Feces)	GCHP-601a
H. pylori Ag Rapid Test Cassette (Feces)	GCHP-602a

**Classification:** *Other*  
**Conformity assessment route:** *Annex III (EC DECLARATION OF CONFORMITY)*

We, the Manufacturer, herewith declare with sole responsibility that our product/s mentioned above meet/s the provisions of the Directive 98/79/EC of the European Parliament and of the Council on In-Vitro Diagnostic Medical Devices.

We hereby explicitly appoint

**EC Representative's Name:** CMC Medical Devices & Drugs S.L

**EC Representative's Address:** C/Horacio Lengo N° 18, CP 29006, Málaga, Spain

to act as our European Authorized Representative as defined in the aforementioned Directive.

I, the undersigned, hereby declare that the medical devices specified above conform with the directive 98/79/EC on in vitro diagnostic medical devices and pertinent essential requirements

Date Signed: May 20, 2022

Name of authorized signatory: Joyce Pang  
Position held in the company: Vice-President



浙江东方基因生物制品股份有限公司  
Zhejiang Orient Gene Biotech Co., LTD



CE-DOC-OG038  
Version 2.0

# EC Declaration of Conformity

In accordance with Directive 98/79/EC

**Legal Manufacturer:** *Zhejiang Orient Gene Biotech Co., Ltd*

**Legal Manufacturer Address:** *3787#, East Yangguang Avenue, Dipu Street,  
Anji 313300, Huzhou, Zhejiang, China*

Declares, that the products  
Product Name and Model(s)

Troponin I Rapid Test Cassette (Whole Blood/Serum/Plasma)	GDTRO-402a
Troponin I Rapid Test Cassette (Whole Blood/Serum/Plasma)	GDTRO-402b

Classification: *Other*  
Conformity assessment route: *Annex III (EC DECLARATION OF CONFORMITY)*

We, the Manufacturer, herewith declare with sole responsibility that our product/s mentioned above meet/s the provisions of the Directive 98/79/EC of the European Parliament and of the Council on In-Vitro Diagnostic Medical Devices.

We hereby explicitly appoint

**EC Representative's Name:** *Shanghai International Holding Corp. GmbH (Europe)*

**EC Representative's Address:** *Eiffestrasse 80, 20537 Hamburg, Germany*

to act as our European Authorized Representative as defined in the aforementioned Directive.

I, the undersigned, hereby declare that the medical devices specified above conform with the directive 98/79/EC on in vitro diagnostic medical devices and pertinent essential requirements

Date Signed: August 11, 2020

Name of authorized signatory: *Joyce Pang*  
Position held in the company: *Vice-President*



# H. pylori Ag Rapid Test Cassette (Feces)



## INTENDED USE

H. pylori Ag Rapid Test Cassette (Feces) is a sandwich lateral flow chromatographic immunoassay for the qualitative detection of H. Pylori antigen in feces. It is for professional *in vitro* diagnostic use only.

## INTRODUCTION

H. Pylori is associated with a variety of gastrointestinal diseases included non-ulcer dyspepsia, duodenal and gastric ulcer and active, chronic gastritis.<sup>1,2</sup> The prevalence of H. pylori infection could exceed 90% in patients with signs and symptoms of gastrointestinal diseases. Recent studies indicate an association of H. Pylori infection with stomach cancer.<sup>3</sup> H. Pylori colonizing in the gastrointestinal system elicits specific antibody responses<sup>4,5,6</sup> which aids in the diagnosis of H. Pylori infection and in monitoring the prognosis of the treatment of H. Pylori related diseases. Antibiotics in combination with bismuth compounds have been shown to be effective in treating active H. Pylori infection. Successful eradication of H. pylori is associated with clinical improvement in patients with gastrointestinal diseases providing a further evidence.<sup>7</sup>

## PRINCIPLE

H. pylori Ag Rapid Test Cassette (Feces) is a lateral flow chromatographic immunoassay based on the principle of the double antibody–sandwich technique. The test cassette consists of: 1) a burgundy colored conjugate pad containing H. Pylori antibodies conjugated with color particles (H. Pylori conjugates). 2) a nitrocellulose membrane strip containing a test band (T band) and a control band (C band). The T band is pre-coated with non-conjugated H. Pylori antibodies.

When an adequate volume of test specimen is dispensed into the sample well of the cassette, the specimen migrates by capillary action across the cassette. The antigen of H. Pylori if present in the specimen will bind to the H. Pylori antibodies conjugates. The immunocomplex is then captured on the membrane by the pre-coated H. Pylori antibodies, forming a burgundy colored T band, indicating a H. Pylori antigen positive test 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. Otherwise, the test result is invalid and the specimen must be retested with another device.

## PRODUCT CONTENTS

H. pylori Ag Rapid Test Cassette (Feces) containing anti- H. pylori antibodies particles and anti-H. pylori antibodies coated on the membrane.

## MATERIALS SUPPLIED

- 20 Sealed pouches each containing a test cassette and a desiccant
- 20 Specimen collection tubes with extraction buffer, 2.0 mL
- 1 Package insert

## MATERIAL REQUIRED BUT NOT PROVIDED

- 1. Clock or timer
- 2. Specimen collection containers.

## STORAGE AND STABILITY

All reagents are ready to use as supplied. Store unused test device unopened at 2°C–30°C. If stored at 2°C–8°C, ensure that the test device is brought to room temperature before opening. The test is not stable out off the expiration date printed on the sealed pouch. Do not freeze the kit or expose the kit over 30°C.

## WARNINGS AND PRECAUTIONS

- 1. For professional *in vitro* diagnostic use only.
- 2. Do not use it if the tube/pouch is damaged or broken.
- 3. Test is for single use only. Do not re- use under any circumstances.
- 4. Handle all specimens as if they contain infectious agents. Observe established standard procedure for proper disposal of specimens
- 5. Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assay.
- 6. Humidity and temperature can adversely affect results

## SPECIMEN COLLECTION

Collect sufficient quantity of feces (1–2 mL or 1–2 g) in a clean, dry specimen collection container to obtain maximum antigens (if present). Best results will be obtained if the assay is performed within 6 hours after collection. Specimen collected may be stored for 3 days at 2–8°C if not tested within 6 hours. For long term storage, specimens should be kept below –20°C.

To process fecal specimens:

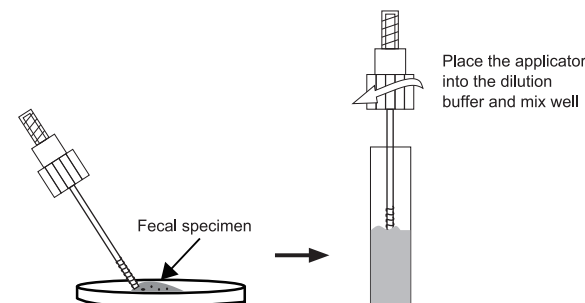
• For Solid Specimens:

Unscrew the cap of the specimen collection tube, then randomly stab the specimen collection applicator into the fecal specimen in at least 3 different sites to collect approximately 50 mg of feces (equivalent to 1/4 of a pea). Do not scoop the fecal specimen.

• For Liquid Specimens:

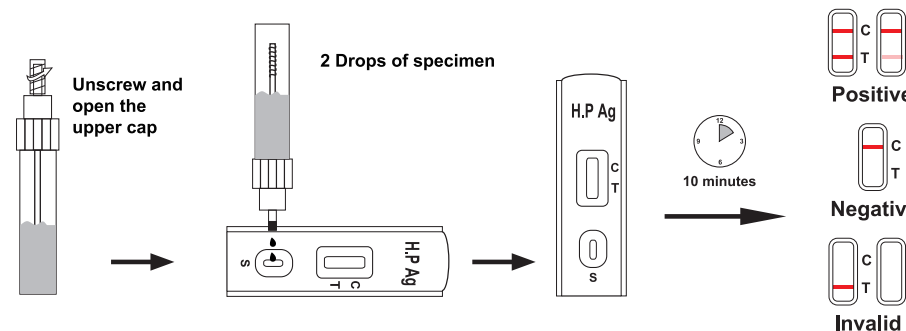
Hold the dropper vertically, aspirate fecal specimens, and then transfer 2 drops (approximately 80 µL) into the specimen collection tube containing the dilution buffer.

Screw on and tighten the cap onto the specimen collection tube, then shake the specimen collection tube vigorously to mix the specimen and the dilution buffer. Leave the tube alone for 2 minutes.



## TEST PROCEDURE

- 1. Remove the test cassette from its foil pouch by tearing along the notch and use it as soon as possible.
- 2. Specimen collection. See also specimen collection.
- 3. Hold the specimen collection tube upright and then unscrew and open the upper cap.
- 4. Squeeze 2 drops (~80 µL) of the sample solution in the sample well of the cassette, as in the illustration.
- 5. Read the test results in 10 minutes. It is important that the background is clear before the result is read. Do not read results after 15 minutes. To avoid confusion, discard the test cassette after interpreting the result.



# H. pylori Ag Rapid Test Cassette (Feces)

## 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 (T).

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.

## QUALITY CONTROL

A procedural control is included in the test. A colored line appearing in the control line region (C) is 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. The Assay Procedure and the Assay Result Interpretation must be followed closely when testing the presence of H. Pylori antigen in feces from individual subjects. Failure to follow the procedure may give inaccurate results.
2. H. pylori Ag Rapid Test Cassette (Feces) is limited to the qualitative detection of H. Pylori antigen in feces. The intensity of the test band does not have linear correlation with the antigen titer in the specimen.
3. A negative result for an individual subject indicates absence of detectable H. Pylori antigen. However, a negative test result does not preclude the possibility of exposure to or infection with H. Pylori.
4. A negative result can occur if the quantity of the H. Pylori antigen present in the specimen is below the detection limits of the assay, or the antigen that are detected are not present during the stage of disease in which a sample is collected.
5. The results obtained with this test should only be interpreted in conjunction with other diagnostic procedures and clinical findings.

## PERFORMANCE CHARACTERISTICS

A study was performed with 165 patient feces samples including both symptomatic gastrointestinal disorders and samples from non-symptomatic patients and 100 normal feces samples. Comparison for all subjects with H. pylori Ag Rapid Test Cassette (Feces) and reference ELISA kit is showed in the following table:

Method		EIA		Total Results
H.P Test Cassette	Results	Positive	Negative	
	Positive	163	0	163
	Negative	2	100	102
Total Results		165	100	265

Relative sensitivity: 98.8%

Relative specificity: 100%

Accuracy: 98.9%

## REFERENCE

1. Marshall, B.J. et al. Pyloric Campylobacter infection and gastroduodenal disease. Med. J. Australia. 149:439-44, 1985.
2. Marshall, B.J. et al. Prospective double-blind trial of duodenal ulcer relapse after eradication of Campylobacter pylori. Lancet. Dec. 1437-42, 1988.
3. Megraud, F. et al. Seroepidemiology of Campylobacter pylori infection in virious populations J. Clin. Microbiology. 27:1870-3, 1989.
4. Soll, A.H. Pathogenesis of peptic ulcer and implications for therapy. New England J. Med. 322:909-916, 1990.

5. Parsonnet, J. et al. Helicobacter pylori infection and the risk of gastric carcinoma. New England J. Med. 325:1127-31, 1991.

6. Ansong, R. et al. Evaluation of techniques for isolation, subcultivation and preservation of Helicobacter pylori. J. Clin. Micro. 29:51-53, 1991.

7. Pronovost, A.P. et al. Evaluation of a new immunodiagnostic assay for Helicobacter pylori antibody detection: Correlation with histopathological and microbiological results. J. Clin. Microbiol. 32:46-50, 1994.

## INDEX OF SYMBOLS

	Consult instructions for use		Tests per kit		Authorized Representative
	For <i>in vitro</i> diagnostic use only		Use by		Do not reuse
	Store between 2~30°C		Lot Number		Catalog#



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QARAD BV  
Cipalstraat 3, 2440 Geel BELGIUM



GCHP-602a

Revision Date: 2023-05-05  
B21412-03

# Troponin I Rapid Test Cassette (Whole Blood/Serum/Plasma)

A rapid visual immunoassay for the qualitative presumptive detection of cardiac Troponin I in human whole blood, serum, or plasma specimens.  
For professional *in vitro* diagnostic use only.

## INTENDED USE

The Troponin I Rapid Test Cassette (Whole Blood/Serum/Plasma) is a rapid visual immunoassay for the qualitative presumptive detection of cardiac Troponin I in human whole blood, serum, or plasma specimens. This kit is intended to be used as an aid in the diagnosis of myocardial infarction (MI).

## SUMMARY

Cardiac Troponin I (cTnI) is a protein found in cardiac muscle with a molecular weight of 22.5 kDa.<sup>1</sup> 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.<sup>2</sup> After cardiac injury occurs, Troponin I is released into the blood 4-6 hours after the onset of pain. The release pattern of cTnI is similar to CK-MB, but while CK-MB levels return to normal after 72 hours, Troponin I remains elevated for 6-10 days, thus providing for a longer window of detection for cardiac injury. The high specificity of cTnI measurements for the identification of myocardial damage has been demonstrated in conditions such as the perioperative period, after marathon runs, and blunt chest trauma.<sup>3</sup> cTnI release has also been documented in cardiac conditions other than acute myocardial infarction (AMI) such as unstable angina, congestive heart failure, and ischemic damage due to coronary artery bypass surgery.<sup>4</sup> Because of its high specificity and sensitivity in the myocardial tissue, Troponin I has recently become the most preferred biomarker for myocardial infarction.<sup>5</sup>

## PRINCIPLE

The Troponin I Rapid Test Cassette (Whole Blood/Serum/Plasma) has been designed to detect cardiac Troponin I through visual interpretation of color development in the strip. The membrane was immobilized with anti-cTnI antibodies on the test region. During the test, the specimen is allowed to react with colored anti-cTnI antibodies colloidal gold conjugates, which were precoated on the sample pad of the test. The mixture then moves on the membrane by a capillary action, and interact with reagents on the membrane. If there were enough cTnI in specimens, a colored band will form at the test region of the membrane.

Presence of this colored band indicates a positive result, while its absence indicates a negative result. Appearance of a colored band at the control region serves as a procedural control. This indicates that proper volume of specimen has been added and membrane wicking has occurred.

## PRECAUTIONS

- For professional *in vitro* diagnostic use only.
- Warning: the reagents in this kit contain sodium azide which may react with lead or copper plumbing to form potentially explosive metal azides. When disposing of such reagents, always flush with large volumes of water to prevent azide build-up.
- Do not use it if the tube/pouch is damaged or broken.
- Test is for single use only. Do not re-use under any circumstances.
- Handle all specimens as if they contain infectious agents. Observe established standard procedure for proper disposal of specimens
- Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assay.
- Humidity and temperature can adversely affect results

## STORAGE AND STABILITY

All reagents are ready to use as supplied. Store unused test device unopened at 2°C-30°C. If stored at 2°C-8°C, ensure that the test device is brought to room temperature before opening. The test is not stable out off the expiration date printed on the sealed pouch. Do not freeze the kit or expose the kit over 30°C.

## SPECIMEN COLLECTION AND PREPARATION

- The Troponin I Rapid Test Cassette (Whole Blood/Serum/Plasma) is intended only for use with human whole blood, serum, or plasma specimens.
- Only clear, non-hemolyzed specimens are recommended for use with this test.
- Serum or plasma should be separated with soonest possible opportunity to avoid hemolysis.
- Perform the testing immediately after the specimen collection. Do not leave the specimens at room temperature for prolonged periods. Specimens may be stored at 2-8°C for up to 3 days. For long term storage, specimens should be kept below -20°C.
- Bring specimens to room temperature prior to testing. Frozen specimens must be completely thawed and mixed well prior to testing. Avoid repeated freezing and thawing of specimens.

- Pack the specimens in compliance with applicable regulations for transportation of etiological agents, in case they need to be shipped.
- Icteric, lipemic, hemolyzed, heat treated and contaminated sera may cause erroneous results.
- 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 device. Repeat the test with a serum or plasma specimen from the same patient using a new test device.

## MATERIALS

### Materials Provided

- 25 Sealed pouches each containing a test cassette, a dropper and a desiccant
- 1 Buffer, 4.0 mL
- 1 Package insert

### Materials Required But Not Provided

- Specimen collection containers
- Clock or timer
- Centrifuge (for plasma only)

## DIRECTIONS FOR USE

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

- Remove the test from its sealed pouch, and place it on a clean, level surface. Label the device with patient or control identification. To obtain a best result, the assay should be performed within one hour.
- Transfer 2 drops of serum or plasma to the specimen well of the device with a disposable pipette provided in the kit, and then start the timer.

### OR

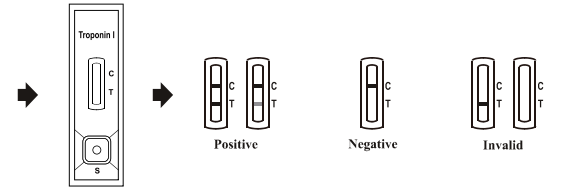
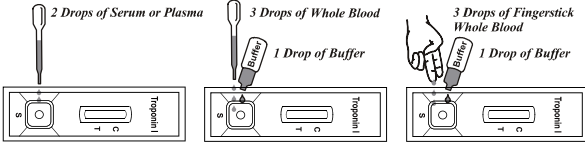
Transfer 3 drops of whole blood specimen to the specimen well of the device with a disposable pipette provided in the kit, then add 1 drop of buffer, and start the timer.

### OR

Allow 3 hanging drops of fingerstick whole blood specimen to fall into the center of the specimen well (S) on the device, then add 1 drop of buffer, and start the timer. Avoid trapping air bubbles in the specimen well (S), and do not drop any solution in observation window.

As the test begins to work, you will see color move 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.



## INTERPRETATION OF RESULTS

(Please refer to the illustration above)

**POSITIVE:** 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:** Only one colored band appears in the control region (C). No apparent colored band appears in the test region (T).

**INVALID:** 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.

### NOTE:

- 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

- The Troponin I Rapid Test Cassette (Whole Blood/Serum/Plasma) is for professional *in vitro* diagnostic use, and should be used for the qualitative detection of cardiac Troponin I only. There is no meaning attributed to linen color intensity or width.
- The Troponin I Rapid Test Cassette (Whole Blood/Serum/Plasma) will only indicate the presence of Troponin I in the specimen and should not be used as the sole criteria for the diagnostic of acute myocardial infarction (AMI).
- If the test result is negative and clinical symptoms persist, additional testing using other clinical methods is recommended. The test cannot detect less than 0.5 ng/mL of cTnI in specimens. Thus, a negative result does not at anytime rule out the existence of Troponin I in blood, because the antibodies may be absent or below the minimum detection level of the test.
- Like with all diagnostic tests, a confirmed diagnosis should only be made by a physician after all clinical and laboratory findings have been evaluated.
- 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.

## PERFORMANCE CHARACTERISTICS

Table: Troponin I Rapid Test vs. EIA

Method	Troponin I Rapid Test Cassette			Total Results
	Results	Positive	Negative	
EIA	Positive	138	2	140
	Negative	1	315	316
Total Results		139	317	456

Relative Sensitivity: 98.6% (94.9%-99.8%)\*

Relative Specificity: 99.7% (98.3%-99.9%)\*

Overall Agreement: 99.3% (98.1%-99.9%)\*

\*95% Confidence Interval

## BIBLIOGRAPHY

- Adams, et al. Biochemical markers of myocardial injury, Immunoassay Circulation 88: 750-763, 1993.
- Mehegan JP, Tobacman LS. Cooperative interaction between troponin molecules bound to the cardiac thin filament. J.Biol.Chem. 266:966, 1991.
- Adams, et al. Diagnosis of Perioperative myocardial infarction with measurements of cardiac troponin I. N.Eng.J.Med 330:670, 1994.
- Hossein-Nia M, et al. Cardiac troponin I release in heart transplantation. Ann. Thorac. Surg. 61: 227, 1996.
- Alpert JS, et al. Myocardial Infarction Redefined, Joint European Society of Cardiology American College of Cardiology: J. Am. Coll. Cardio., 36(3):959, 2000.

## INDEX OF SYMBOLS

	Consult instructions for use		Tests per kit		Authorized Representative
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GDTRO-402a