



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

STATEMENT

We, Zhejiang Orient Gene Biotech Co., Ltd , having a registered office at 3787#, East Yangguang Avenue, Dipu Street Anji 313300, Huzhou, Zhejiang, China assign SRL SANMEDICO having a registered office at A. Corobceanu street 7A, apt. 9, Chişinău MD-2012, Moldova, as non-exclusive authorized representative for Orient Gene Brand product in correspondence with the conditions of directive 98/79/EEC.

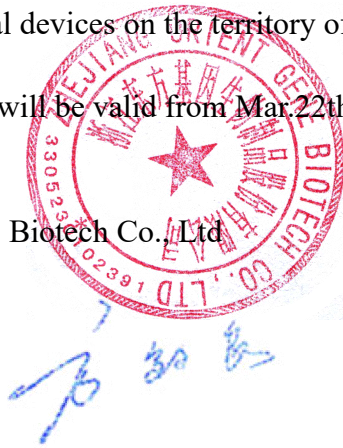
We declare that the company mentioned above is authorized to register, notify, renew or modify the registration of medical devices on the territory of the Republic of Moldova.

This Statement letter will be valid from Mar.22th,2024 to Mar.21th, 2025.

Zhejiang Orient Gene Biotech Co.,Ltd

General Manager:

Date:2024/3/22



地址：浙江省湖州市安吉县递铺镇阳光大道东段 3787 号
Add: **3787#, East Yangguang Avenue, Dipu Street Anji 313300, Huzhou, Zhejiang, China**
电话 Tel:+86-572-5226111 传真 Fax: +86-572-5226222 邮编 P.C.:313300



Certificate

No. Q5 092305 0001 Rev. 02

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 Reagent and Instrument for the Detection of Drugs of Abuse, Fertility, Infectious Diseases, Oncology, Biochemistry, Cardiac Diseases, Allergic Disease based on Rapid Test, PCR and Liquid Biochip Method.**

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. 02](http://www.tuvsud.com/ps-cert?q=cert:Q5_092305_0001_Rev.02)

Report No.: SH2398804

Valid from: 2024-03-17
Valid until: 2027-03-16

Date, 2024-03-01



Christoph Dicks
Head of Certification/Notified Body



Product Service

Certificate

No. Q5 092305 0001 Rev. 02

Applied Standard(s): ISO 13485:2016
(EN ISO 13485:2016/AC:2018, EN ISO 13485:2016/A11:2021)
Medical devices - Quality management systems -
Requirements for regulatory purposes

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



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)

See attachment

Classification: *List B*
Conformity assessment route: *Annex IV (Full Quality Assurance)*

Notified Body' Name: TÜV SÜD Product Service GmbH
Notified Body Address: Ridlerstraße 65 80339 München Germany
Notified Body ID: 0123
EC Certificate Registration number: V1 092305 0002 Rev.01
Expiry date of EC certificate: 2025-04-07

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: QARAD B.V.

EC Representative's Address: Cipalstraat 3, 2440 Geel BELGIUM

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 12, 2022

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



Attachment to CE-DOC-OG034 Version 5.0

Prostate Specific Antigen (PSA) Rapid Test Cassette (Whole Blood/Serum/Plasma)	GEPSA-402a
Prostate Specific Antigen (PSA) Rapid Test Strip (Whole Blood/Serum/Plasma)	GEPSA-401a
Prostate Specific Antigen (PSA) Rapid Test Cassette (Serum/Plasma)	GEPSA-302a
Prostate Specific Antigen (PSA) Rapid Test Strip (Serum/Plasma)	GEPSA-301a



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*



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 1.0

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: 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: November 28, 2017

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-OG060
Version 1.0



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)

Fecal Occult Blood Rapid Test Strip (Feces)	GEFOB-601b
Fecal Occult Blood Rapid Test Cassette (Feces)	GEFOB-602b

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: November 28, 2017

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

Fecal Occult Blood Rapid Test Cassette (Feces)



INTENDED USE

Fecal Occult Blood Rapid Test Cassette (Feces) is a rapid chromatographic immunoassay for the qualitative detection of human occult blood in feces by professional laboratories or physician's offices. It is useful to detect bleeding caused by a number of gastrointestinal disorders, e.g., diverticulitis, colitis, polyps, and colorectal cancer.

Fecal Occult Blood Rapid Test Cassette (Feces) is recommended for use in 1) routine physical examinations, 2) hospital monitoring for bleeding in patients, and 3) screening for colorectal cancer or gastrointestinal bleeding from any source.

INTRODUCTION

Most of diseases can cause hidden blood in the stool. In the early stages, gastrointestinal problems such as colon cancer, ulcers, polyps, colitis, diverticulitis, and fissures may not show any visible symptoms, only occult blood. Traditional guaiac-based method lacks sensitivity and specificity, and has diet-restriction prior to the testing.

Fecal Occult Blood Rapid Test Cassette (Feces) is a rapid test to qualitatively detect low levels of fecal occult blood in feces. The test uses double antibody-sandwich assay to selectively detect as low as 50 ng/mL of hemoglobin or 6 µg hemoglobin/g feces. In addition, unlike the guaiac assays, the accuracy of the test is not affected by the diet of the patients.

PRINCIPLE

Fecal Occult Blood Rapid Test Cassette (Feces) is a lateral flow chromatographic immunoassay based on the principle of the double antibody-sandwich technique. The membrane is pre-coated with anti-hemoglobin antibodies on the test line region of the device. During testing, the specimen reacts with the colloidal gold coated with anti-hemoglobin antibodies. The mixture migrates upward on the membrane chromatographically by capillary action to react with anti-hemoglobin antibodies on the membrane and generate a colored line. The presence of this colored line in the test region indicates a positive result, while its absence indicates 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.

MATERIALS PROVIDED

- 20 Test cassettes
- 20 Specimen collection tubes with buffer
- 1 Package insert

MATERIALS REQUIRED BUT NOT PROVIDED

1. Specimen collection containers
2. Clock or timer

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 of the expiration date printed on the sealed pouch. Do not freeze the kit or expose the kit over 30°C.

PRECAUTIONS

1. For professional *in vitro* diagnostic use only.
2. This package insert must be read completely before performing the test. Failure to follow the insert gives inaccurate test results.
3. Do not use it if the tube/pouch is damaged or broken.
4. Test is for single use only. Do not re-use under any circumstances.
5. **Do not use specimen with visible blood for the testing.**
6. Handle all specimens as if they contain infectious agents. Observe established standard procedure for proper disposal of specimens.
7. Specimen extraction buffer contains Sodium Azide (0.1%). Avoid contact with skin or eyes. Do not ingest.
8. Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assayed.
9. Humidity and temperature can adversely affect results.
10. Do not perform the test in a room with strong air flow, i.e. electric fan or strong air conditioning.

PATIENT PREPARATION

1. A specimen should not be collected from a patient with following conditions that may interfere with the test results:

- Menstrual bleeding
 - Bleeding hemorrhoids
 - Constipating bleeding
 - Urinary bleeding.
2. Dietary restrictions are not necessary.
 3. Alcohol and certain medications such as aspirin, indomethacin, phenylbutazone, reserpine, cortocosteroids, and nonsteroidal anti-inflammatory drugs may cause gastrointestinal irritation and subsequent bleeding, thus gives positive reactions. On the advice of the physician, such substances should be discontinued at least 48 hours prior to testing.

SPECIMEN COLLECTION AND PREPARATION

Consider any materials of human origin as infectious and handle them using standard biosafety procedures.

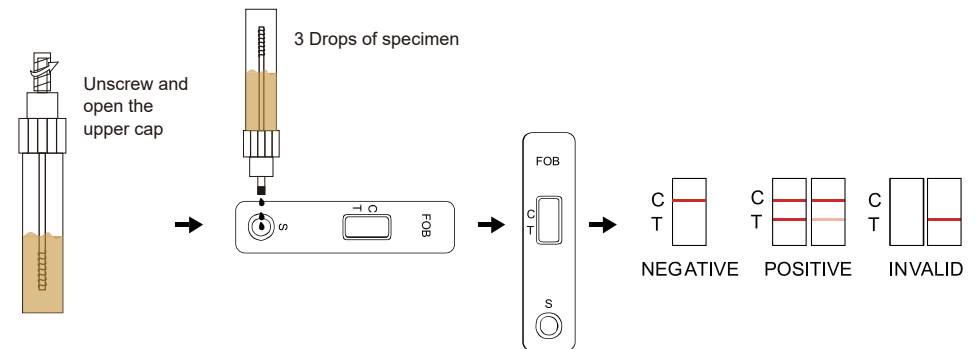
1. Collect a random sample of feces in a clean, dry receptacle.
2. Unscrew the top of the collection tube and remove the applicator stick.
3. Randomly pierce the fecal specimen in at least five (5) different sites.
4. Remove excess sample off the shaft and outer grooves. Be sure sample remains on inside grooves.
5. Replace the stick in the tube and tighten securely.
6. Shake the specimen collection bottle so that there is proper homogenisation of feces in buffer solution.

Note: Specimens prepared in the specimen collection tube may be stored at room temperature (15-30°C) for 3 days maximum, at 2-8°C for 7 days maximum or at -20°C for 3 months maximum if not tested within 1 hour after preparation.

TEST PROCEDURE

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

1. Remove the test cassette from the foil pouch and use it as soon as possible. Best results will be obtained if the assay is performed within one hour.
2. Place the test cassette on a clean, flat surface.
3. Shake the specimen collection tube several times.
4. Hold the specimen collection tube upright and then unscrew and open the upper cap.
5. Squeeze 3 drops (~90 µL) of the sample solution in the sample well of the cassette and start the timer.
6. Wait for the colored line(s) to appear. Read results in 5 minutes. Do not interpret the result after 5 minutes.



INTERPRETATION OF RESULTS

(Please refer to the illustration above)

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. The test should be repeated using a new cassette. If the problem persists, discontinue using the test kit immediately and contact your local distributor.

NOTE:

1. The intensity of color in the test region (T) may vary depending on the concentration of analytes present in the specimen. Therefore, any shade of color in the test region should be considered positive. Note that this is a qualitative test only, and

Fecal Occult Blood Rapid Test Cassette (Feces)

cannot determine the concentration of analytes in the specimen.

2. Insufficient specimen volume, incorrect operating procedure or expired tests are the most likely reasons for control band failure.

QUALITY CONTROL

An internal 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. This test kit is to be used for the qualitative detection of human hemoglobin in fecal samples. A positive result suggests the presence of human hemoglobin in fecal samples. In addition to intestinal bleeding the presence of blood in stools may have other causes such as hemorrhoids, blood in urine etc.
2. Not all colorectal bleedings are due to precancerous or cancerous polyps. The information obtained by this test should be used in conjunction with other clinical findings and testing methods, such as colonoscopy gathered by the physician.
3. Negative results do not exclude bleeding since some polyps and colorectal region cancers can bleed intermittently or not at all. Additionally, blood may not be uniformly distributed in fecal samples. Colorectal polyps at an early stage may not bleed.
4. Urine and excessive dilution of sample with water from toilet bowl may cause erroneous test results. The use of a receptacle is recommended.
5. Feces specimens should not collect during the menstrual period and not three day before or afterwards, at bleeding due to constipation, bleeding haemorrhoids, or at taking rectally administered medication. It could cause false positive results.
6. This test may be less sensitive for detecting upper g.i. Bleeding because blood degrades as it passes through the g.i. Track.
7. The Fecal Occult Blood Rapid Test Cassette (Feces) is to aid in diagnosis and is not intended to replace other diagnostic procedures such as G.I. fibroscope, endoscopy, colonoscopy, or X-ray analysis. Test results should not be deemed conclusive with respect to the presence or absence of gastrointestinal bleeding or pathology. A positive result should be followed up with additional diagnostic procedures to determine the exact cause and source for the occult blood in the feces.

PERFORMANCE CHARACTERISTICS

1. Sensitivity: 99.6%

Fecal Occult Blood Rapid Test Cassette (Feces) can detect the levels of human occult blood as low as 50 ng/mL hemoglobin or 6 µg hemoglobin/g feces.

2. Prozone Effect:

It is observed that this FOB test can detect 2 mg/mL hemoglobin.

3. Specificity: 99.9%










Fecal Occult Blood Rapid Test Cassette (Feces) is specific to human hemoglobin. Specimen containing the following substances at the standard concentration was tested on both positive and negative controls and showed no effects on test results at standard concentration.


Substances	Concentrations (Diluted with the extraction buffer)
Beef hemoglobin	2 mg/mL
Chicken hemoglobin	0.5 mg/mL
Pig hemoglobin	0.5 mg/mL
Goat hemoglobin	0.5 mg/mL
Horse hemoglobin	20 mg/mL
Rabbit hemoglobin	0.06 mg/mL


REFERENCES

1. Simon J.B. Occult Blood Screening for Colorectal Carcinoma: A Critical Review, Gastroenterology, Vol. 1985;88:820.
2. Blebae J. and Napherson RA. False-Positive Guaiac Testing With Iodine, Arch Pathol Lab Med, 1985;109:437-40.

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#

 Zhejiang Orient Gene Biotech Co.,Ltd
Address: 3787#, East Yangguang Avenue, Dipu Street,
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Website: www.orientgene.com

 Shanghai International Holding Corp. GmbH (Europe)
Add: Eiffestrasse 80, 20537 Hamburg, Germany

 GEFOB-602b

Prostate Specific Antigen (PSA) Rapid Test Cassette (Whole Blood/Serum/Plasma)

CE 0123

INTENDED USE

Prostate Specific Antigen (PSA) Rapid Test Cassette (Whole Blood/Serum/Plasma) is a rapid chromatographic immunoassay for the qualitative detection of Prostate Specific Antigen (PSA) in human whole blood, serum or plasma. It is intended for use at point of care facilities to measure total prostate specific antigen (tPSA) in human whole blood, serum or plasma. It is for professional *in vitro* diagnostic use only.

INTRODUCTION

Prostate Specific Antigen (PSA) Rapid Test Cassette (Whole Blood/Serum/Plasma) is produced by prostate glandular and endothelial cells. It is a single chain glycoprotein with a molecular weight of approximately 34 kDa.¹ PSA exists in three major forms circulating in the serum. These forms are free PSA, PSA bound to α 1-Antichymotrypsin (PSA-ACT) and PSA complexed with α 2-macroglobulin (PSA-MG).² PSA has been detected in various tissues of the male urogenital system but only prostate glandular cells and endothelial cells secrete it. The PSA level in the serum of healthy men is between 0.1 ng/mL and 2.6 ng/mL. It can be elevated in malignant conditions such as prostate cancer, and in benign conditions such as benign prostatic hyperplasia and prostatitis. A PSA level of 4 to 10 ng/mL is considered to be in the "gray-zone" and above 10 ng/mL is highly indicative of cancer.³ Patients with PSA values between 4-10 ng/mL should undergo further analysis of the prostate by biopsy. Authorities have begun to explore the possibility of using PSA levels lower than 4.0 ng/mL as the upper limit of normal for screening examinations. By lowering the PSA

cutoff from 4 to 3 ng/mL, an increase in cancer detection by 13.2% can be achieved.⁴

The Prostate Specific Antigen (PSA) Rapid Test Cassette (Whole Blood/Serum/Plasma) is the most valuable tool available for the diagnosis of early prostate cancer. Many studies have confirmed that the presence of PSA is the most useful and meaningful tumor marker known for prostate cancer and prostate infection of Benign Prostatic Hyperplasia (BPH).⁵

Prostate Specific Antigen (PSA) Rapid Test Cassette (Whole Blood/Serum/Plasma) utilizes a combination of colloidal gold conjugate and anti-PSA antibodies to selectively detect all three forms of PSA in human whole blood, serum or plasma. The test has a cut-off value of 4ng/mL.

PRINCIPLE

Prostate Specific Antigen (PSA) Rapid Test Cassette (Whole Blood/Serum/Plasma) is a lateral flow chromatographic immunoassay based on the principle of the double antibody-sandwich technique for the detection of tPSA in whole blood, serum or plasma. The membrane is pre-coated with PSA antibodies on the test line region. 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. If tPSA in the specimen is above 4 ng/ml, it will react with the particle coated with anti-PSA antibody. The mixture migrates upward on the membrane chromatographically by capillary action to react with anti-PSA antibodies on the membrane and generate a colored test line, indicating a PSA positive test result. Absence of the T band suggests a negative result. The test contains an internal control (C band) which should exhibit a burgundy colored band of the immunocomplex of goat anti-mouse IgG/mouse IgG-gold conjugate regardless the presence of tPSA. Otherwise, the test result is invalid and the specimen must be retested with another device.

MATERIALS SUPPLIED

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

MATERIAL REQUIRED BUT NOT PROVIDED

1. Specimen collection containers
2. Lancets (for fingerstick whole blood only)
3. Centrifuge (for plasma only) Timer
4. Heparinized capillary tubes and dispensing bulb (for fingerstick whole blood only)

STORAGE AND STABILITY

The kit can be stored at room temperature or refrigerated (2-30°C). The test device is stable through the expiration date printed on the sealed pouch. The test device must remain in the sealed pouch until use. DO NOT FREEZE. Do not use beyond the expiration date.

WARNINGS AND PRECAUTIONS

1. For professional *in vitro* diagnostic use only. Do not use after expiration date.
2. This package insert must be read completely before performing the test. Failure to follow the insert gives inaccurate test results.
3. Do not use it if the tube/pouch is damaged or broken.
4. Test is for single use only. Do not re-use under any circumstances.
5. Handle all specimens as if they contain infectious agents. Observe established precautions against microbiological hazards throughout testing and follow the standard procedures for proper disposal of specimens.
6. Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assayed.
7. Humidity and temperature can adversely affect results.
8. Do not perform the test in a room with strong air flow, ie. electric fan or strong airconditioning.

SPECIMEN COLLECTION

1. Prostate Specific Antigen (PSA) Rapid Test Cassette (Whole Blood/Serum/Plasma) can be performed using whole blood (from venipuncture or fingerstick), serum, or plasma.
2. For venipuncture whole blood and plasma: K₂ EDTA, Sodium Heparin and sodium citrate should be used as the anticoagulant. Other anticoagulants have not been tested and may give incorrect results
3. **To collect Venipuncture Whole Blood Specimens:** Collect anti-coagulated blood sample (K₂ EDTA, Sodium Heparin and sodium citrate) following standard laboratory procedures.
4. **To collect Fingerstick Whole Blood specimens:**
 - Wash the patient's hand with soap and warm water or clean with an alcohol swab. Allow 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 new sterile lancet for each person. 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 device by using a capillary tube:
 - ◆ Touch the end of the capillary tube to the blood until filled to approximately 50 μ L. Avoid air bubbles.
 - ◆ Place the bulb onto the top end of the capillary tube, then squeeze the bulb to dispense the whole blood into the specimen well (S) of the test device.
 - Add the Fingerstick Whole Blood specimen to the test device by using hanging drops:
 - ◆ Position the patient's finger so that the drop of blood is just above the specimen well (S) of the test device.
 - ◆ Allow 2 hanging drops of fingerstick whole blood to fall into the center of specimen well (S) on the test device, or move the patient's finger so that the hanging drop touches the center of the specimen well (S). Avoid touching the finger directly to the specimen well (S).
5. Separate serum or plasma from blood as soon as possible to avoid hemolysis. Use only clear, non-hemolyzed specimens.
6. Testing should be performed immediately after specimen collection. 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.
7. 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.
8. 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 cassette, specimen, buffer, and/or controls to equilibrate to room temperature (15-30°C) prior to testing.

1. Remove the test cassette from the sealed foil pouch and use it as soon as possible. Best results will be obtained if the assay is performed within one hour.
2. Place the test device on a clean and level surface.

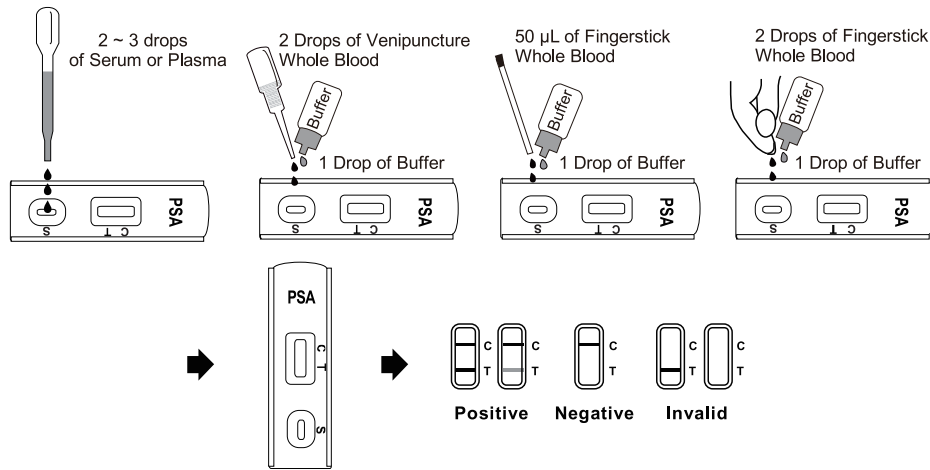
For Serum or Plasma Specimens: Hold the dropper vertically and transfer 2-3 drops of serum or plasma (approximately 60-90 μ L) to the specimen well (S) of the test device and start the timer. See illustration below.

Prostate Specific Antigen (PSA) Rapid Test Cassette (Whole Blood/Serum/Plasma)

For Venipuncture Whole Blood Specimens: Hold the dropper vertically and transfer 2 drops of venipuncture whole blood (approximately 50µL) to the specimen well (S) of the test device, then add 1 drop of buffer (approximately 40µL) and start the timer. See illustration below.

For Fingertick Whole Blood Specimens: Allow 2 hanging drops of fingertick whole blood (approximately 50 µL) to fall into the center of the specimen well (S) on the test device, then add 1 drop of buffer (approximately 40 µL) and start the timer. See illustration below.

3. Wait for the red line(s) to appear. The result should be read in 10 minutes. Do not interpret the result after 10 minutes.



INTERPRETATION OF RESULTS

(Please refer to the illustration above)

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). The test indicates a positive result: the level of tPSA in the specimen is above 4 ng/ml.

NEGATIVE: One coloured line appears in the control line region (C) and no line appears in the test line region (T). The test indicates a negative result: the concentration of tPSA in the specimen is below 4 ng/ml.

INVALID: Control line fails to appear. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line and reference failure. Review the procedure and repeat the test with a new test cassette. If the problem persists, discontinue using the test kit immediately and contact your local distributor.

QUALITY CONTROL

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. Prostate Specific Antigen (PSA) Rapid Test Cassette (Whole Blood/Serum/Plasma) is for *in vitro* diagnostic use only. This test should be used for the detection of total prostate specific antigen (tPSA) in whole blood, serum or plasma specimens.

2. Prostate Specific Antigen (PSA) Rapid Test Cassette (Whole Blood/Serum/Plasma) will only indicate the presence of PSA in the specimen and should not be used as the sole criteria for the diagnosis of Prostate Cancer.

3. A significant numbers of patients with BPH (more that 15%) and less than 1% of healthy individuals have elevated PSA. Even if the test results are positive, further clinical evaluation should be considered with other clinical information available to the physician.

4. PSA levels may be unreliable in patients who receive hormone therapy or prostate gland manipulation.

5. The use of a rapid test alone is not sufficient to diagnose prostate cancer even if antigen present, also, a negative result at any time does not preclude the possibility of prostate cancer.

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 device. Repeat the test with a serum or plasma specimen from the same patient using a new test device.

7. As with all diagnostic tests, a definitive clinical diagnosis should not be based on the result of a single test, but should only be made by the physician after all clinical and laboratory findings have been evaluated.

PERFORMANCE CHARACTERISTICS

Sensitivity and Specificity

A clinical trial have been performed for PSA clinical tests to determine sensitivity and specificity in comparison to Abbott AxSYM. A total of 476 samples have been collected, 343 plasma/serum samples, 83 venous whole blood samples and 50 fingertick whole blood samples. The specimens have been collected from clinical patients, then performed by Abbott AxSYM already, then tests with Prostate Specific Antigen (PSA) Rapid Test Cassette (Whole Blood/Serum/Plasma) in hospital by the doctor or nurse.

Part 1: clinical plasma /serum samples

PSA Rapid Test	PSA ng/mL	Abbott AxSYM				Total
		0-2 ng/mL (Low than 2 ng/mL)	2 (At 2 n/mL or higher than 2 ng/mL) - 4 ng/mL (Low than 4 ng/mL)	4 (At 4 ng/mL or higher than 4 ng/mL)-10 ng/mL (Low than 10 ng/mL)	≥10 ng/mL	
Negative <4		175	47	2	—	224
Positive (At 4 ng or higher than 4 ng)		2	2	85	30	119
Total		177	49	87	30	343
% Agreement with Abbott		98.87%	95.9%	98.0%	100%	98.8 %

Relative specificity: $(175+47)/(177+49)=98.2\%$

Relative sensitivity: $(85+30)/(87+30)=98.2\%$

Accuracy: $(175+47+85+30)/(177+49+87+30)=98.2\%$

Part 2. Result on Venous whole blood samples

PSA Rapid Test	Method Results	Abbott AxSYM		Total Results
		Positive (≥ 4 ng/mL)	Negative (< 4 ng/mL)	
	Positive (At 4 ng or higher than 4 ng)	38	1	39
	Negative <4	1	43	44
Total Results		39	44	83

Relative sensitivity: $(38/39) \times 100\% = 97.4\%$

Relative specificity: $(43/44) \times 100\% = 97.7\%$

Accuracy: $(81/83) = 97.6\%$

Prostate Specific Antigen (PSA) Rapid Test Cassette (Whole Blood/Serum/Plasma)

Part 3. Result on Fingerstick Whole Blood samples

PSA Rapid Test	Method	Abbott	Axsym	Total Results
	Results	Positive(\geq 4 ng/mL)	Negative(< 4 ng/mL)	
	Positive (At 4 ng or higher than 4 ng)	22	1	23
	Negative<4	0	27	27
	Total Results	22	28	50

Relative sensitivity: $(22/22) \times 100\% = 100\%$

Relative specificity: $(27/28) \times 100\% = 96.4\%$

Accuracy: $(22+27)/50 = 98.0\%$

Conclusion:

Above data indicate that using clinical specimens confirmed by Abbott Axsym, Prostate Specific Antigen (PSA) Rapid Test Cassette (Whole Blood/Serum/Plasma) can detect PSA in plasma/serum/ whole blood at a cutoff of 4 ng/ml with a relatively high degree of confidence.

INTERFERING SUBSTANCES

The following substances do not interfere with the test results at the indicated concentrations: Ascorbic Acid at 20 mg/dL, Hemoglobin at 1000 mg/dL, Triglyceride at 3 g/dL, Bilirubin at 1,000 mg/dL, Uric Acid at 20 mg/dL, Gentistic acid at 20 mg/dL, Acetoaminophen at 20 mg/dL, Acetosalisilyc acid (aspirin) at 20 mg/dL, Caffeine at 20 mg/dL.

REFERENCE

1. Wang MC, Valenzuela LA, Murphy GP, et al., Purification of human prostate specificity antigen. Invest Urol 1979; 17: 159-163.
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3. Catalona WJ, Southurick PC, Slawin KM, et al., Comparison of percent free PSA, PSA density and age-specific PSA cut-offs for prostate cancer detection and staging. Urology 2000 Aug 1:56(2):255-60.
4. Lodding P, Aus G, Bergdahl S, et al. Characteristics of screening detected prostate cancer in men 50 to 66 years old with 3 to 4 ng./mL. prostate specific antigen. Journal of Urology 159(3): 899-903, 1998.
5. Vancangh PJ, De Nayer P, Sauvage P, et al., Free to total prostate-specific antigen (PSA) ratio is superior to total PSA in differentially benign prostate hypertrophy from prostate cancer. Prostate Supplement, 1996, 7:30-34.

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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GEPSA-402a

Revision Date: 2022-03-07
B20890-05

Troponin I

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

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.¹ 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.² 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.³ 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.⁴ Because of its high specificity and sensitivity in the myocardial tissue, Troponin I has recently become the most preferred biomarker for myocardial infarction.⁵

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

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

1. Test cassettes
2. Disposable Droppers
3. Package insert

Materials Required But Not Provided

1. Specimen collection containers
2. Centrifuge (for plasma only)
3. Clock or Timer

DIRECTIONS FOR USE

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

1. 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.

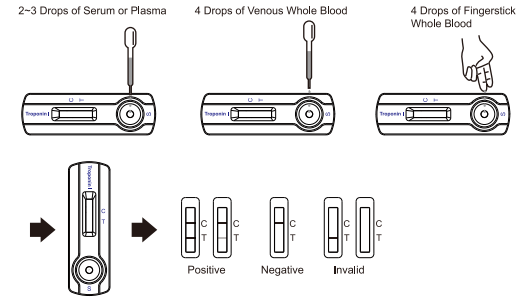
2. Transfer **2-3 drops of serum or plasma** to the specimen well(S) of the device with a disposable pipette provided in the kit, and then start the timer.

OR
Transfer **4 drops of whole blood** specimen to the specimen well(S) of the device with a disposable pipette provided in the kit, and then start the timer.

OR

Allow **4 hanging drops of fingerstick whole blood** specimen to fall into the center of the specimen well (S) of the device, and then 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.

2. Wait for the colored band(s) to appear. The result should be read at 15 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

1. 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.
2. 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 diagnosis of tuberculosis.
3. 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.
4. Like with all diagnostic tests, a confirmed diagnosis should only be made by a physician after all clinical and laboratory findings have been evaluated.
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.

PERFORMANCE CHARACTERISTICS

Table: Troponin I Rapid Test vs. EIA

Method		Troponin I Rapid Test Cassette		Total 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

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3. Adams, et al. Diagnosis of Perioperative myocardial infarction with measurements of cardiac troponin I. N.Eng.J.Med 330:670, 1994.
4. Hossein-Nia M, et al. Cardiac 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.

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.^{1,2} 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.³ H. Pylori colonizing in the gastrointestinal system elicits specific antibody responses^{4,5,6} 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.⁷

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.

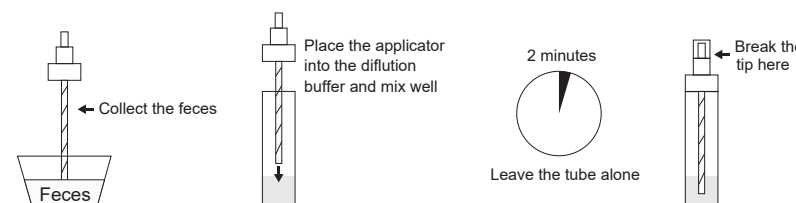
To process fecal specimens:

• 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:

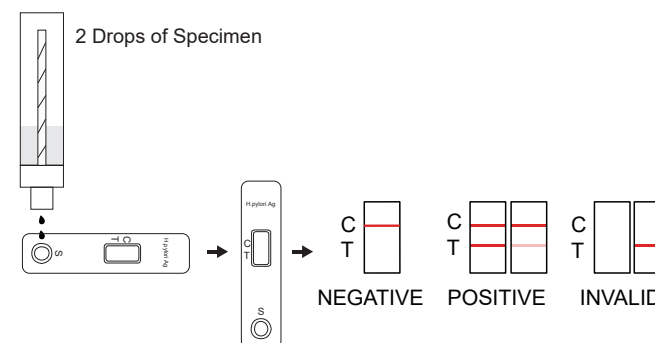
Hold the dropper vertically, aspirate fecal specimens, and then transfer 2 drops (approximately 80 µL) into the specimen collection tube containing the dilution buffer. Screw on and tighten the cap onto the specimen collection tube, then shake the specimen collection tube vigorously to mix the specimen and the dilution buffer. Leave the tube alone for 2 minutes.



TEST PROCEDURE

1. Remove the test device from its foil pouch by tearing along the notch and use it as soon as possible.
2. Specimen collection. See also specimen collection.
3. Holding the sample collection device upright, carefully break off the tip of collection device.
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 10 minutes. To avoid confusion, discard the test device after interpreting the result.

INTERPRETATION OF RESULTS



H. pylori Ag Rapid Test Cassette (Feces)

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.

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INDEX OF SYMBOLS

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	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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