

INTENDED USE

Biogenix HIV 1&2 Rapid Test is a lateral flow immunoassay for the simultaneous detection and differentiation of HIV-1 and HIV-2 antibodies (IgG, IgM, IgA) in human serum, plasma and whole blood. It is intended to be used as a screening test and as an aid in the diagnosis of infection with HIV. Any reactive specimen with the HIV 1 & 2 Rapid Test must be confirmed with alternative testing method(s) such as ELISA or PCR.

SUMMARY AND EXPLANATION OF THE TEST

Human immunodeficiency virus type I and type II (HIV-1 and HIV-2) are enveloped, single-stranded, positive-sense RNA viruses. The causative relationship between HIV-1 and HIV-2 virus and acquired immunodeficiency syndrome (AIDS) has been established over several decades. HIV-1 has been isolated from patients with AIDS and AIDS-related complex and from healthy individuals with a high risk for developing AIDS. HIV-2 has been isolated from West African AIDS patients and from sero-positive asymptomatic individuals.

The two types of HIV have significant variation in sequences. HIV-1 has been divided into three groups: group M (for major) including at least ten subtypes (A through J); group O (for outlier); and group N (for non-M, non-O). Similarly, HIV-2 has been classified into at least five subtypes (A through E). Some HIV-1 variants share up to 50% homology in their envelope genes with the sequences of more common prototype strains.

Both HIV-1 and HIV-2 can elicit strong immune responses including the production of anti-virus antibodies. Presence of specific anti-HIV-1 and/or anti-HIV-2 in, serum, plasma and whole blood indicates exposure of an individual to HIV-1 and/or HIV-2 and thus is of great value for clinical diagnosis.

Biogenix HIV 1 & 2 Rapid Test was developed to detect and differentiate anti-HIV-1 and anti-HIV-2 (IgG, IgM, IgA) in serum/Plasma/whole blood.

TEST PRINCIPLE

Biogenix HIV 1 & 2 Rapid Test is a lateral flow chromatographic immunoassay. The test cassette consists of: 1) a burgundy colored conjugate pad containing recombinant HIV-1 antigens(gp41+120, subtype O) conjugated with colloidal gold (HIV-1 conjugates), recombinant HIV-2 antigen(gp36)conjugated with colloidal gold (HIV-2 conjugates) and a control antibody (rabbit IgG)conjugated with colloidal gold, 2) a nitrocellulose membrane strip containing two test lines (1 and 2) and a control line (C). Test line 1 is pre-coated with HIV-1 antigen for the detection of antibodies to HIV-1, test line 2 is pre-coated with HIV-2 antigen for the detection of antibodies to HIV-2, and the C line is pre-coated with a control line (anti-rabbit IgG) antibody.

When an adequate volume of test specimen is dispensed into the sample well of the test cassette, the specimen migrates by capillary action across the strip. HIV-1 antibodies, if present in the specimen, migrate through the conjugate pad where they bind to the HIV-1 conjugates. The immunocomplex is then captured on the membrane by the pre-coated HIV-1 antigen forming a burgundy-colored line at test line 1, indicating a HIV-1 antibody positive or reactive test result. Lack of color development on test line 1 suggests an HIV-1 antibody negative or non-reactive result.

HIV-2 antibodies, if present in the specimen, migrate through the conjugate pad where they bind to the HIV-2 conjugates. The immunocomplex is then captured on the membrane by the pre-coated HIV-2 antigen forming a burgundy-colored line at test line 2, indicating a HIV-2 antibody positive or reactive test result. Lack of color development on test line 2 suggests a HIV-2 antibody negative or non-reactive result.

The test contains an internal control (C line), which should exhibit a burgundy-colored line of the immunocomplex of the control antibodies regardless of color development on the test lines. If the C line does not develop, the test result is invalid and the specimen must be retested with another device.

REAGENTS AND MATERIALS PROVIDED

- Individually sealed foil pouches containing:
 - One cassette device
 - One desiccant
- Dropper (20 µL)
- Sample diluent (5 mL/bottle)
- Package insert (instruction for use)

MATERIALS MAY BE REQUIRED AND NOT PROVIDED

- Positive Control
- Negative Control

MATERIALS REQUIRED BUT NOT PROVIDED

- Clock or Timer

WARNINGS AND PRECAUTIONS

For in Vitro Diagnostic Use

- This package insert must be read completely before performing the test. Failure to follow the insert may lead to inaccurate test results.
- Do not open the sealed pouch unless ready to conduct the assay.
- Do not use expired devices or components.
- Bring all reagents to room temperature (15-30°C) before use.
- Do not use the components in any other type of test kit as a substitute for the components in this kit.
- Do not use hemolyzed blood for testing.
- Wear protective clothing and disposable gloves while handling the kit reagents and clinical specimens. Wash hands thoroughly after performing the test.
- Users of this test should follow the US CDC Universal Precautions for prevention of transmission of HIV, HBV and other blood-borne pathogens.
- Do not smoke, drink or eat in areas where specimens or kit reagents are being handled.
- Dispose of all specimens and materials used to perform the test as bio-hazardous waste.
- Handle the negative and positive controls in the same manner as the patient specimens.
- The test result should be read 15 minutes after a specimen is applied to the sample well of the device. Reading the test result after 20 minutes may give erroneous results.
- Do not perform the test in a room with strong air flow, i.e. an electric fan or strong air conditioning.

REAGENT PREPARATION AND STORAGE INSTRUCTIONS

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

SPECIMEN COLLECTION AND HANDLING

Blood

- Blood Drops of whole blood can be obtained by either Fngertip puncture or veinpuncture.
- Do not use hemolyzed blood for testing. Whole blood specimens should be stored in refrigeration (2°C - 8°C) if not tested immediately.
- The specimens must be tested within 24 hours of collection.

Plasma

- Collect blood specimen into a lavender, blue or green top collection tube (containing EDTA, citrate or heparin, respectively in Vacutainer) by venipuncture.
- Separate the plasma by centrifugation.
- Carefully withdraw the plasma into a new pre-labeled tube.

Serum

- Collect blood specimen into a red top collection tube (containing no anticoagulants in Vacutainer) by venipuncture.
- Allow the blood to clot.
- Separate the serum by centrifugation.
- Carefully withdraw the serum into a new pre-labeled tube.

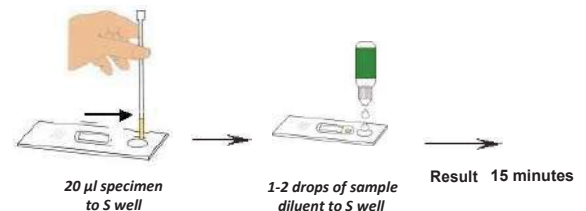
Use the test specimens as soon as possible after collecting. Store specimens at 2-8°C, if not tested immediately. The specimens can be stored at 2-8°C for up to 5 days. The specimens should be frozen at -20°C for longer storage.

Avoid multiple freeze-thaw cycles. Prior to testing, bring frozen specimens to room temperature slowly and mix gently. Specimens containing visible particulate matter should be clarified by centrifugation before testing.

Do not use samples demonstrating gross lipemia, gross hemolysis or turbidity in order to avoid interference with result interpretation.

ASSAY PROCEDURE

- Bring the specimen and test components to room temperature if refrigerated or frozen. Once thawed, mix the specimen well prior to performing the assay.
- When ready to test, open the pouch at the notch and remove device. Place the test device on a clean, flat surface.
- Be sure to label the device with specimen's ID number.
- Fill the capillary tube with specimen (about 20 µL) not to exceed the specimen line as shown in the images below. **For better precision, transfer specimen using a pipette capable of delivering a 20 µL volume.** Holding the capillary tube vertically, dispense the entire specimen into the center of the sample well making sure that there are no air bubbles. Immediately add 1-2 drops (40-60 µL) of sample diluent to the sample well with the bottle positioned vertically.



- Set up timer.

- Result should be read in 15 minutes. Positive results may be visible in as soon as 1 minute.

Do not read result after 20 minutes. To avoid confusion, discard the test device after interpreting the result.

QUALITY CONTROL

- Internal Control:** This test contains a built-in control feature, the C line. The C line develops after adding specimen and sample diluent. If the C line does not develop, review the entire procedure and repeat the test with a new device.
- External Control:** Good Laboratory Practice recommends using external controls, positive and negative, to assure the proper performance of the assay, particularly under the following circumstances:
 - A new operator uses the kit, prior to performing testing of specimens.
 - A new lot of test kits is used.
 - A new shipment of test kits is used.
 - The temperature used during storage of the kit falls outside of 2-30°C.
 - The temperature of the test area falls outside of 15-30°C.
 - To verify a higher than expected frequency of positive or negative results.
 - To investigate the cause of repeated invalid results.

INTERPRETATION OF ASSAY RESULT

1. NEGATIVE RESULT:

If only the C line is developed, the test indicates that the level of anti-HIV-1 and anti-HIV-2 in the specimen is undetectable. The result is negative or non-reactive for HIV-1 and negative or non-reactive for HIV-2.

2. POSITIVE RESULT:

2.1 If both the C line and test line 1 are developed, the test indicates that the specimen contains anti-HIV-1. The result is HIV-1 positive or reactive.

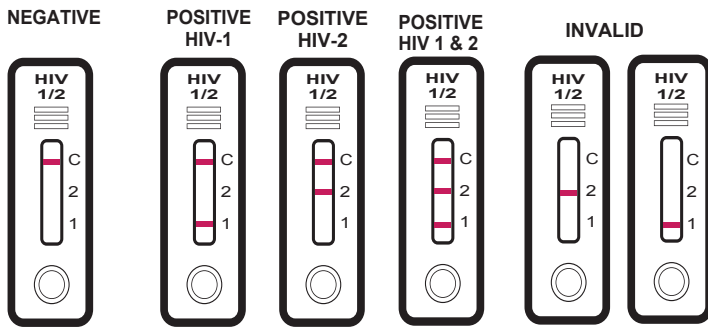
2.2 If both the C line and test line 2 are developed, the test indicates that the specimen contains HIV-2 antibodies. The result is HIV-2 positive or reactive.

2.3 If the C line and both test lines (1 and 2) are developed, the test indicates that the specimen contains anti-HIV-1 and anti-HIV-2. The result is HIV-1 positive or reactive and HIV-2 positive or reactive. For differentiation of the type of HIV virus infection, see Limitations of Test section, Number 5.

Samples with reactive results should be confirmed with alternative testing method(s) such as PCR or ELISA and clinical findings before a final diagnostic decision is made.

2. INVALID:

If no C line is developed, the assay is invalid regardless of color development in the test lines as indicated below. Repeat the assay with a new device.



PERFORMANCE CHARACTERISTICS

1. Clinical Performance for HIV-1 Ab Test

A total of 1161 samples from susceptible subjects were tested with HIV 1 & 2 Rapid Test and with a commercial HIV-1 Ab EIA. Comparison for all subjects is shown in the following table.

HIV 1/2 Ab Rapid Test			
EIA	Positive	Negative	Total
Positive	243	0	243
Negative	0	918	918
Total	243	918	1161

Relative Sensitivity: 100%, Relative Specificity: 100%, Overall Agreement: 100%

2. Clinical Performance for HIV-2 Ab Test

A total of 271 samples from susceptible subjects were tested with HIV 1 & 2 Rapid Test and with a commercial HIV-2 Ab EIA. Comparison for all subjects is shown in the following table.

HIV 1/2 Ab Rapid Test			
EIA	Positive	Negative	Total
Positive	26	0	26
Negative	0	245	245
Total	26	245	271

Relative Sensitivity: 100%, Relative Specificity: 100%, Overall Agreement: 100%

3. Cross-Reactivity

Cross-reactivity with specimens from other infectious diseases:

Specimen	Sample Size	HIV-1 Ab Reactivity	HIV-2 Ab Reactivity
HBsAg Positive Serum	8	Negative	Negative
HAV Positive Serum	5	Negative	Negative
HCV Positive Serum	13	Negative	Negative
Dengue Positive Serum	8	Negative	Negative
Syphilis Positive Serum	17	Negative	Negative
TB Positive Serum	9	Negative	Negative
H. pylori Positive Serum	6	Negative	Negative
ANA Positive Serum	6	Negative	Negative
HAMA Positive Serum	23	Negative	Negative
RF Positive Serum	5	Negative	Negative

4. Interference

Common substances (such as pain and fever medication and blood components) may affect the performance of HIV 1 & 2 Rapid Test. This was studied by spiking these substances into three levels of HIV-1 Ab and HIV-2 Ab standard controls. The results are presented in the following table and demonstrate that at the concentrations tested, the substances studied do not affect the performance of HIV 1 & 2 Rapid Test.

Note: -: Negative; +: Weak Positive; +++: Strong Positive

Potential Interfering Substances Spiked	HIV-1 Ab Reactivity			HIV-2 Ab Reactivity		
	Negative	Weak Positive	Strong Positive	Negative	Weak Positive	Strong Positive
Control	-	+	+++	-	+	+++
Bilirubin 20 mg/dL	-	+	+++	-	+	+++
Creatinine 442 µmol/L	-	+	+++	-	+	+++
Glucose 55 mmol/L	-	+	+++	-	+	+++
Albumin 60 g/L	-	+	+++	-	+	+++
Salicylic Acid 4.34 mmol/L	-	+	+++	-	+	+++
Heparin 3,000 U/L	-	+	+++	-	+	+++
EDTA 3.4 µmol/L	-	+	+++	-	+	+++

LIMITATIONS OF TEST

- The Assay Procedure and Interpretation of Assay Result sections must be followed closely when testing for the presence of antibodies to HIV in serum, plasma and whole blood from individual subjects. Failure to follow the procedure may lead to inaccurate test results.
- Biogenix HIV 1 & 2 Rapid Test is limited to the qualitative detection of HIV-1 or HIV-2 antibodies in human serum, plasma and whole blood. The intensity of the test line does not correlate with the antibody titer of the specimen.
- A non-reactive result for an individual subject indicates absence of detectable HIV-1 or HIV-2 antibodies. However, a non-reactive test result does not preclude the possibility of exposure to or infection with HIV-1 or HIV-2.
- A non-reactive result can occur if the quantity of the HIV-1 or HIV-2 antibodies present in the specimen is below the detection limits of the assay or the antibodies that are detected are not present during the stage of disease in which a sample is collected.
- As illustrated in the Interpretation of Assay Result, Section 2.3, all three test lines (1, 2 and C) may develop when tested with samples containing high titers of HIV-1 antibodies. To differentiate and to resolve antibody cross-reactivity, dilute the test specimen with sample diluent 1:50 or 1:100, then re-test the diluted specimen with a new test device. Only test line 1 and the C line will appear if the specimen contains antibodies to HIV-1. If test line 1, test line 2 and the C line all appear, the test indicates presence of antibodies to both HIV-1 and HIV-2.
- If symptoms persist while the result from HIV 1 & 2 Rapid Test is non-reactive, it is recommended to re-sample the patient a few days later or to test with an alternative test method.
- Unusually high titers of heterophile antibodies or rheumatoid factor in specimens may affect expected results.
- The results obtained with this test should only be interpreted in conjunction with other diagnostic procedures and clinical findings.

WASTE MANAGEMENT OR DISPOSABLE:

The contents of RDTs can be divided into:

Infectious waste:

- sharps (lancets, needles, scalpel blades)
- blood collection devices (tubes, straws, and loops); gloves; swabs; and cotton
- used cassettes.

Non-infectious waste (Recyclable):

- packaging materials, desiccant, buffer, and unused or unusable RDTs.

****You must collect and dispose each type of waste in separate containers as per your waste management policies.**

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