TRUSTline Syphilis Ab Rapid Test - Dip Strip







for the qualitative detection of antibodies to Treponema pallidum (Tp) in human serum or plasma.

INTENDED USE

The TRUSTline Syphilis Ab Rapid Test is a lateral flow chromatographic immunoassay for the qualitative detection of antibodies including IgG, IgM, and IgA to *Treponema pallidum* (*Tp*) in human serum or plasma. It is intended to be used by professionals as a screening test and provides a preliminary test result to aid in the diagnosis of infection with Tp.

Any interpretation or use of this preliminary test result must also rely on other clinical findings as well as on the professional judgment of health care providers. Alternative test method(s) should be considered to confirm the test result obtained by this device.

SUMMARY AND EXPLANATION OF THE TEST

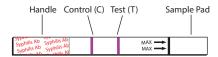
Tp, a spirochete bacterium, is the causative agent of the venereal disease syphilis. Although syphilis rates are declining in the United States after an epidemic outbreak between 1986 and 1990', the incidence of syphilis in Europe has increased since 1992, especially in the countries of the Russian Federation, where peaks of 263 cases per 100,000 have been reported ². In 1995, WHO reported 12 million new cases of syphilis ³. Currently, the positive rate of syphilis serological tests in HIV-infected individuals has been rising recently.

Serological detection of anti-Tp antibody has been long recognized in the diagnosis of syphilis since the natural course of the infection was characterized by periods without clinical manifestations. Both IgM and IgG antibodies were detected in sera from patients with primary and secondary syphilis. The IgM antibody may be detectable towards the second week of infection, while IgG antibody appears later, at about 4 weeks4. These antibodies could last for several years or even decades in the serum of a patient with untreated latent syphilis

Antigens such as Rapid Plasma Cardiolipin antigen (RPR) and *Tp* bacterial extracts have been used in the syphilis serological tests for decades. However, RPR antigen is a non-treponema antigen, derived from bovine heart. Antibody to RPR antigen does not develop until 1-4 weeks after the appearance of the chancre, thus this antigen lacks of sensitivity to primary syphilis. The Tp extracts are prepared from inoculated rabbit testis and contain a certain amount of contaminated materials such as flagella, which can lead to cross reactions with borreliae and leptospires in the serological test. In addition, the composition of extracts may vary from lot to lot. Recently, several highly immunogenic *Tp* specific antigens have been identified and used as an alternative to the traditional antigens with the advantages of high specificity and reproducibility ⁶⁻⁹. The TRUSTline Syphilis Ab Rapid Test permits the measurement of reproducibility antibodies (IgM, IgG and IgA) to recombinant antigens of Tp in serum/plasma rapidly and reliably without instrumentation.

TEST PRINCIPLE

The TRUSTline Syphilis Ab Rapid Test is a lateral flow chromatographic immunoassay. The test strip consists of: 1) a burgundy colored conjugate pad containing recombinant Tp antigens conjugated with colloid gold (Tp conjugates) and a control antibody conjugated with colloidal gold, 2) a nitrocellulose membrane strip containing a test line (T line) and a control line (C line). The T line is pre-coated with non-conjugated recombinant Tp antigens, and the C line is pre-coated with a control line antibody.



When an adequate volume of test specimen is dispensed into the sample pad of the strip, the specimen migrates by capillary action across the strip. Anti-Tp antibody, if present in the specimen will bind to the Tp conjugates. The immunocomplex is then captured on the membrane by the pre-coated Tp antigen, forming a burgundy colored T line, indicating a Tp

Absence of the T line suggests a negative 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 T line. Otherwise, the test result is invalid and the specimen must be retested with another device.

REAGENTS AND MATERIALS PROVIDED

Kit box package	Individually sealed pouches	a. One dip strip
	containing:	b. One desiccant
	One package insert (instruction for use)	

MATERIALS MAY BE REQUIRED AND NOT PROVIDED

- Positive Control
- Negative Control

MATERIALS REQUIRED BUT NOT PROVIDED

- Clock or Timer
- A container for holding test specimen
- 3. Disposable gloves

WARNINGS AND PRECAUTIONS

For in Vitro Diagnostic Use

- This package insert must be read completely before performing the test. Failure to follow the insert gives inaccurate test results.
- Do not open the sealed pouch, unless ready to conduct the assay
- 3. Do not use expired devices.
- 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.
- 6. Do not use hemolyzed blood specimen 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 8. transmission of HIV, HBV and other blood-borne pathogens. 9
- Do not smoke, drink, or eat in areas where specimens or kit reagents are being handled
- 10. Dispose of all specimens and materials used to perform the test as biohazardous waste.
- Handle the Negative and Positive Control in the same manner as patient specimens
- The testing results should be read at 10-15 minutes after removal of the strip from the 12 specimen container. Any results interpreted outside of the 10-15 minutes window should be considered invalid and must be repeated.
- Do not perform the test in a room with strong air flow, ie. an electric fan or strong airconditioning.

REAGENT PREPARATION AND STORAGE INSTRUCTIONS

All reagents are ready to use as supplied. Store test strip at 1-30 °C. If test strip stored at 1-8 °C, ensure that the test strip is brought to room temperature before opening. The test strip is stable through the expiration date printed on the sealed pouch. Do not freeze the strip or expose the strip over 30 °C. The test strip is sensitive to humidity and heat. Perform the test immediately after removing the test strip from the foil pouch.

SPECIMEN COLLECTION AND HANDLING

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

- Plasma

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

Serum

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

Test specimens as soon as possible after collecting. Store specimens at 1-8 °C if not tested immediately 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 on result interpretation.

ASSAY PROCEDURE

- Bring the specimen and test components to room temperature if refrigerated or frozen. Mix the specimen well prior to assay once thawed
- Collect at least 150-200 μL or 3-4 drops of serum or plasma in a sample container. Step 2:

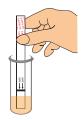
For Kit box package: Step 3:

- Take the desired quantity of sealed pouches from the box.
- When ready to test, open the pouch at the notch and remove the test strip.

Step 4:. Dip the strip into the specimen for at least 10 seconds.

Don't allow the specimen to reach above the level indicated by the arrows on the strip

Meanwhile, set up timer.



- Remove the strip from the specimen, and place it on a flat, dry surface. Step 5:
- Step 6: Read the result in 10-15 minutes. Positive results may be visible in as short as 1 minute. Any results interpreted outside of the 15 minutes window should be considered invalid and must be repeated. Discard used strips after interpreting the result following local laws governing the disposal of devices.

QUALITY CONTROL

- Internal Control: This test contains a built-in control feature, the C line. The C line develops after adding specimen. Otherwise, review the whole procedure and repeat test
- External Control: Good Laboratory Practice recommends using the 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 kit is used.
 - A new shipment of kits is used.
 - The temperature used during storage of the kit falls outside of 1-30 °C. d.
 - 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.

TRUSTline Syphilis Ab Rapid Test - Dip Strip







Page 2 of 2

for the qualitative detection of antibodies to Treponema pallidum (Tp) in human serum or plasma.

INTERPRETATION OF ASSAY RESULT

 NEGATIVE RESULT: If only the C line develops, the test indicates that no detectable anti-Tp antibody is present in the specimen. The result is negative or non-reactive.



POSITIVE RESULT: If both C and T lines develops, the test indicates for the presence of anti-Tp antibody in the specimen. The result is positive or reactive.

Syphilis Ab Syphilis Ab Syphilis Ab Syphilis Ab	MAX —	
Syphilis Ab Syphilis Ab Syphilis Ab Syphilis Ab	MAX →	

Samples with positive or reactive results should be confirmed with alternative testing method(s) such as TPHA test and clinical findings before to make diagnostic decision.

INVALID: If no C line develops, the assay is invalid regardless of color development on the T line as indicated below. Repeat the assay with a new device.



PERFORMANCE CHARACTERISTICS

Clinical Performance

A total of 596 samples from susceptible subjects were tested with TRUSTline Syphilis Ab Rapid Test and with a commercial Syphilis Ab ELISA kit. Comparision for all the subjects is shown in the following table.

	TRUSTline Syph		
ELISA	Positive	Negative	Total
Positive	72	0	72
Negative	2	522	524
Total	74	522	596

Relative Sensitivity: 100%, Relative Specificity: 99.6%, Overall Agreement: 99.6%

2. Cross Reactivity

The negative specimen was spiked with serum specimens of infectious diseases and then tested according to the standard procedure. The results showed that the TRUSTline syphilis Ab Rapid Test had no cross-reaction with the following tested serum specimens of infectious disease.

Specimen	Sample Size	Syphilis Ab Reactivity
Dengue Positive Serum	10	Negative
HAV Positive Serum	10	Negative
HCV Positive Serum	10	Negative
HIV Positive serum	10	Negative
HBsAg Positive Serum	10	Negative
ANA Positive Serum	5	Negative
RF positive Serum (≤2,500 IU/ml)	5	Negative

3. Precision

Within run and between run precisions have been determined by testing 20 replicates with four catelogy of the specimens; negative, weak, medium, and strong positive Specimens. The negative, weak, medium, and strong positive Specimens were correctly identified in all of the tests performed in each run.

4. <u>Interference</u>

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

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

Potential Interfering	Syphilis Ab Reactivity		
Substances Spiked	Negative	Weak Positive	Strong Positive
Control	-	+	+++
Bilurubin 15 mg/dL	-	+	+++
Creatinine 5 mg/dL	-	+	+++
Glucose 120 mg/dL	-	+	+++
Albumin 5g/L	-	+	+++
Salicylic Acid 4.34 mmol/L	-	+	+++
EDTA 3.4 µmol/L	-	+	+++
Urea 40 mg/dL	-	+	+++

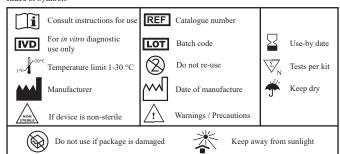
LIMITATIONS OF TEST

- The Assay Procedure and the Interpretation of Assay Result sections must be followed closely when testing for the presence of anti-Tp antibody in serum or plasma from individual subjects. Failure to follow the procedure may lead to inaccurate results.
- The TRUSTline Syphilis Ab Rapid Test is limited to the qualitative detection of anti-Tp antibody in human serum or plasma. The intensity of the test line does not have a linear correlation with the antibody titer in the specimen.
- A negative result for an individual subject indicates the absence of detectable anti-Tp antibodies. However, a negative test result does not preclude the possibility of exposure to or infection with Tp.
- A negative result can occur if the quantity of the anti-Tp antibody present in the specimen is below the detection limits of the assay or if the antibodies that are detected are not present during the stage of disease in which a sample is collected.
- False negative results may arise because of hook effect due to very high titer of antibodies in sample. Repeat the test by using different dilution of same sample.
- Infection may progress rapidly. If the symptoms persist and the result from the TRUSTline Syphilis Ab Rapid Test is non-reactive, it is recommended to test with an alternative method or to re-sample the patient a few weeks later.
- Some specimens containing unusually high titers of heterophile antibodies or rheumatoid factor may affect expected results.
- A positive result indicates a past or present infection. The results obtained with this test should only be interpreted in conjunction with other diagnostic procedures and clinical findings.

DEEEDENCE

- Centers for Disease Control and Prevention. Chlamydia trachomatis infections: policy guidelines from prevention and control. Morbid. Mortal. Weekly Rep. 1995; 34:53S 74S
- Tichonova, L., K. Borisenko, H.Ward, A.meheus, et al. Epidemics of syphilis in the Russian Federation: Trends, origins, and priorities for control. Lancet 1997; 350:210 213
- Gerbase, A. C., J. T. Rowley, D. H. Heymann, S. F. Berkley, and P. Piot. prevalence and incidence estimates of selected curable STDs. Sex. Transm. Infect 1998; 74:S12-S16.
- Luger AFH. Serological Diagnosis of Syphilis: Current methods. In: Young H, McMillan A, eds. Immunological diagnosis of sexually transmitted diseases. New York: Marcel Decker, 1988: 249-274.
- Baker-Zander SA, Hook EW 3rd, Bonin P, Handsfield HH, Lukehart SA. Antigens of Treponema pallidum recognized by IgG and IgM antibodies during syphilis in humans. J Infect Dis. 1985; 151(2):264-72.
- Norgard MV, Chamberlain NR, Swancutt MA, Goldberg MS. Cloning and expression of the major 47-kilodalton surface immunogen of treponema pallidum in Escherichia Co Infect Immun 1986; 54:500-506.
- Purcell BK, Chamberlain NR, Goldberg MS, Andrews LP, Robinson EJ, Norgard MV, Radolf JD. Molecular cloning and characterization of the15-kilodalton major immunogen of Treponema pallidum. Infect Immun. 1989; 57(12):3708-14
- Bailey MJ, Thomas CM, Cockayne A, Strugnell RA, Penn CW. Cloning and expression of Treponema pallidum antigens in Escherichia coli. J Gen Microbiol 1989; 135 (Pt 9):2365-78.
- Sambri V, Marangoni A, Simone MA, D'Antuono A, Negosanti M, Cevenini Evaluation of recomWell Treponema, a novel recombinant antigen-based enzyme linked immunosorbent assay for the diagnosis of syphilis. Clin Microbiol Infect 2001; 7(4):200-5.
- 10. Rufli T. Syphilis and HIV infection. Dermatologica 1989; 179:113

Index of Symbols





Module No. 407 & 408, 4th Floor, TICEL Bio Park II, No. 5, CSIR Road.

Taramani, Chennai-600113, India

Tel: +91-44-22541131 E-mail: info@athenesedx.com Website: www.athenesedx.com PI-AR0030S Rev. D Effective date: 01.08.2022 English version