

# OnSite® H. pylori Ag Rapid Test

REF R0192C CE

## Instructions for Use

### INTENDED USE

The OnSite H. pylori Ag Rapid Test is a lateral flow chromatographic immunoassay for the qualitative detection of *H. pylori* antigen in human fecal specimen. It is intended to be used by healthcare professionals as an aid in the diagnosis of infection with *H. pylori*.

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

*Helicobacter pylori* (*H. pylori*) a gram-negative, helical, rod-shaped bacterium, colonizes the gastric mucosa of approximately one-half of the world population<sup>1</sup>. *H. pylori* infection is a risk factor for a variety of gastrointestinal diseases including non-ulcer dyspepsia, duodenal and gastric ulcers and active, chronic gastritis<sup>2-6</sup>. Therefore elimination of *H. pylori* may be the most promising strategy to reduce the incidence of gastric cancer<sup>7</sup>.

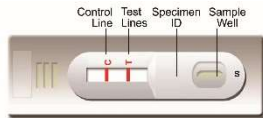
*H. pylori* can be transmitted through the ingestion of food or water that is tainted with fecal matter. Antibiotics in combination with bismuth compounds have been shown to be effective in treating active *H. pylori* infection.

*H. pylori* infection is currently detected by invasive testing methods based on endoscopy and biopsy (i.e. histology, culture) or non-invasive testing methods such as Urea Breath Test (UBT), serologic antibody test and stool antigen test. UBT has a high accuracy but requires expensive lab equipment and use of a radioactive reagent<sup>8</sup>. Serologic antibody tests detect IgG specific to *H. pylori*, and cannot distinguish between current active infections and past infections. The stool antigen test detects antigen present in the feces, which indicates an active *H. pylori* infection. It can also be used to monitor the effectiveness of treatment and the recurrence of an infection, and is not affected by the use of Proton Pump Inhibitors (PPI)<sup>9</sup>.

The OnSite H. pylori Ag Rapid Test detects *H. pylori* antigen present in the fecal specimen by using specific antibodies. The test can be performed within 10 minutes by minimally skilled personal without the use of laboratory equipment.

### TEST PRINCIPLE

The OnSite H. pylori Ag Rapid Test is lateral flow chromatographic immunoassay. The test strip in the cassette device consists of: 1) a colored conjugate pad containing anti-*H. pylori* specific antibody conjugated with colloidal gold (anti-*H. pylori* conjugate) and 2) a nitrocellulose membrane strip containing a test line (T line) and a control line (C line). The T line is pre-coated with anti-*H. pylori* antibody, and the C line is pre-coated with a control line antibody.



When an adequate volume of extracted fecal specimen is dispensed into the sample well of the cassette, the specimen migrates by capillary action across the cassette. The *H. pylori* antigen, if present in the specimen, will bind to the anti-*H. pylori* conjugate. The immunocomplex is then captured on the membrane by the pre-coated antibody forming a colored T line, indicating an *H. pylori* Ag Rapid Test positive result.

Absence of the T line suggests an *H. pylori* Ag Rapid Test negative result. The test contains an internal control (C line) which should exhibit a colored line of the immunocomplex of the control antibodies regardless of the color development on the T line. If no control line (C line) develops, the test result is invalid and the specimen must be retested with another device.

### REAGENTS AND MATERIALS PROVIDED

1. Individually sealed foil pouches containing:
  - a. One cassette device
  - b. One desiccant
2. Stool collection devices, each containing 1 mL Sample Extraction Buffer (REF SB-R0192)
3. Plastic droppers for transferring watery stool
4. Patient ID stickers
5. Instructions for use

### MATERIALS MAY BE REQUIRED AND NOT PROVIDED

1. *Positivia* H. pylori Ag Rapid Test Control Kit (Cat # C0192) contains positive control and negative control

### MATERIALS REQUIRED BUT NOT PROVIDED

1. Clock or timer
2. A container to hold fecal specimen

### WARNINGS AND PRECAUTIONS

#### For in Vitro Diagnostic Use

1. Read these Instructions for Use completely before performing the test. Failure to follow the instructions could lead to inaccurate test results.
2. Do not open the sealed pouch, unless ready to conduct the assay.
3. Do not use any kit components beyond their stated expiration dates.
4. Do not use the components from any other type of test kit as a substitute for the components in this kit.
5. Bring all reagents to room temperature (15-30°C) before use.
6. **Do not scoop stool sample as this may lead to excess fecal specimen that tends to clog the sample pad and interfere with sample migration.**
7. Wear protective clothing and disposable gloves while handling the kit reagents and clinical specimens. Wash hands thoroughly after performing the test.
8. Users of this test should follow the US CDC Universal Precautions for bio-safety.
9. Do not smoke, drink or eat in areas where specimens or kit reagents are being handled.
10. Avoid extraction buffer contact with skin or eyes. Do not ingest.

11. Dispose of all specimens and materials used to perform the test as bio-hazardous waste.
12. The test results should be read 10-15 minutes after a specimen is applied to the sample well of the device. Any results interpreted outside of the 10-15 minute window should be considered invalid and must be repeated.
13. Do not perform the test in a room with strong air flow, i.e. electric fan or strong air-conditioning.

### REAGENT PREPARATION AND STORAGE INSTRUCTIONS

All reagents are ready to use as supplied. Store unopened test devices 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.

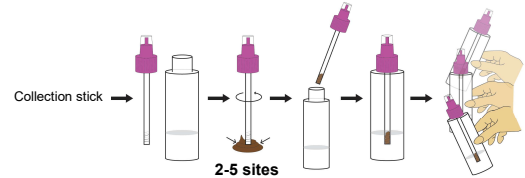
### SPECIMEN COLLECTION AND HANDLING

Consider any materials of human origin as infectious and handle them using standard bio-safety procedures.

To prepare specimens using solid fecal samples follow Procedure A below. To prepare specimens using watery fecal samples follow Procedure B below.

#### Procedure A: Solid fecal specimens

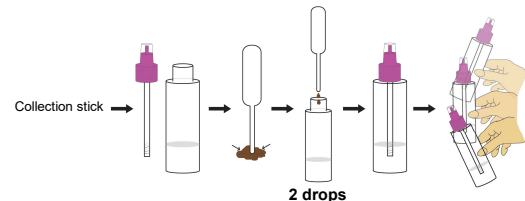
- Step 1: Collect a random stool specimen in a clean, dry receptacle.
- Step 2: Label the stool collection device with the specimen's ID number (patient ID sticker). Open the stool collection device by unscrewing the top and use the collection stick to randomly pierce in 2-5 different sites, twisting the collection stick into the fecal specimens to help collection if necessary. **Do not scoop fecal specimen as this may lead to an invalid test result.**
- Step 3: Ensure that all inner grooves of the collection stick are filled with fecal specimen. However, excess fecal specimen on the outside of grooves should be scraped off. **Incorrect sampling may lead to an erroneous test result.**
- Step 4: Replace the collection stick and tighten securely to close the stool collection device.
- Step 5: **Shake the stool collection device vigorously.**



The specimen is now ready for testing, transportation or storage.

#### Procedure B: Watery fecal specimens

- Step 1: Collect a random fecal specimen in a clean, dry receptacle.
- Step 2: Label the stool collection device with the specimen's ID number (patient ID sticker). Open the stool collection device by unscrewing the top.
- Step 3: Fill the plastic dropper with the specimen; dispense 2 drops (70-85 µL) into the stool collection device.
- Step 4: Replace the collection stick and tighten securely to close the stool collection device.
- Step 5: **Shake the stool collection device vigorously.**

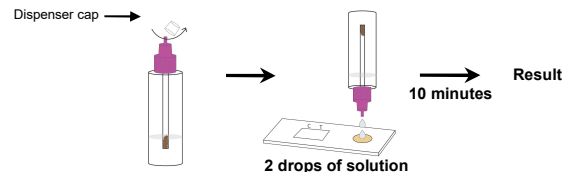


The specimen is now ready for testing, transportation or storage.

**Note:** The extracted specimens may be stored at 2-8°C or at room temperature up to 37°C for 10 days. For longer storage, the extracted specimen may be frozen at -20°C. Avoid multiple freeze-thaw cycles.

### ASSAY PROCEDURE

- Step 1: Bring the specimen and test components to room temperature if refrigerated or frozen. Once the specimen is thawed, mix well prior to performing the assay.
- Step 2: When ready to test, open the pouch at the notch and remove the test device. Place the test device on a clean, flat surface.
- Step 3: Shake the stool collection device vigorously to ensure a homogenous liquid suspension.
- Step 4: Hold the stool collection device vertically. Twist off the cap. Dispense 2 drops (70-90 µL) of the solution into the sample well of the cassette. Do not overload the solution.



- Step 5: Set up the timer.
- Step 6: Results can be read at 10 minutes. Positive results can be visible in as short as 1 minute. Negative results must be confirmed at the end of the 15 minutes only. **However, any results interpreted outside of the 10-15 minute window should be considered invalid and must be repeated. Discard used device after interpreting the result following local requirements governing the disposal of device.**

**QUALITY CONTROL**

- Internal Control:** This test contains a built-in control feature, the C line. The C line develops after adding specimen extract. 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 positive and negative controls 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 during storage 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**

- NEGATIVE RESULT:** If only the C line develops, the test indicates that no detectable *H. pylori* antigen is present in the specimen. The result is negative or non-reactive.



- POSITIVE RESULT:** If both C and T lines develop, the test indicates the presence of detectable *H. pylori* antigen in the specimen. The result is positive or reactive.



Fecal specimens with positive results should be interpreted in conjunction with other testing procedures and clinical findings before a diagnosis is made.

- INVALID:** If no C line develops, the assay is invalid regardless of any color development on the T line as indicated below. Repeat the assay with a new test device. **Excess fecal specimen can lead to invalid test results; if this is the cause, re-sample and re-test (see instructions for collection of specimen).**



**PERFORMANCE CHARACTERISTICS**

**1. Clinical Performance**

A total of 157 fecal specimens were collected from symptomatic patients and healthy individuals. Specimens were tested by the OnSite H. pylori Ag Rapid Test. The urea breath test (UBT) gold standard is used as the reference test method. Comparison for all subjects is shown in the following table:

UBT reference	OnSite H. Pylori Ag Rapid Test		Total
	Positive	Negative	
Positive	58	2	60
Negative	6	91	97
<b>Total</b>	<b>64</b>	<b>93</b>	<b>157</b>

Relative Sensitivity: 96.7% (95% CI: 88.5-99.6%),  
 Relative Specificity: 93.8% (95% CI: 87.0-97.7%),  
 Overall agreement: 94.9% (95% CI: 90.2-97.8%).

**2. Analytic Sensitivity**

Six groups of fecal specimen extracts from 20 healthy individuals were spiked with *H. pylori* lysate antigen (Strain 43504) at concentrations of 0, 0.25, 0.5, 0.75, 1, and 2 ng/mL, respectively, and tested with the OnSite H. Pylori Ag Rapid Test. The results were shown in the follow table. The detection limit of the OnSite H. pylori Ag Rapid Test as defined as the level of ≥95% positive detection is 1 ng/mL of *H. pylori* lysate antigen.

	H. pylori Lysate Antigen (ng/mL)					
	0	0.25	0.5	0.75	1	2
Number of positive	0	0	0	9	20	20
Number of negative	20	20	20	11	0	0
<b>Detection rate %</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>45%</b>	<b>100%</b>	<b>100%</b>

n=20, relative sensitivity at 1 ng/mL is 100%

**3. Cross-Reactivity**

The organisms listed below were tested for cross-reactivity with the OnSite H. Pylori Ag Rapid Test. No cross-reactivity was observed on the organisms at  $\geq 1 \times 10^8$  org/mL.

- |                                    |                                |
|------------------------------------|--------------------------------|
| <i>Acinetobacter calcoaceticus</i> | <i>Neisseria gonorrhoea</i>    |
| <i>Adenovirus</i>                  | <i>Neisseria meningitidis</i>  |
| <i>Enterococcus faecalis</i>       | <i>Proteus mirabilis</i>       |
| <i>Escherichia coli</i>            | <i>Proteus vulgaris</i> Hauser |
| <i>Gardnerella vaginalis</i>       | <i>Pseudomonas aeruginosa</i>  |
| <i>Geotrichum candidum</i>         | <i>Rotavirus</i>               |
| <i>Haemophilus influenza</i>       | <i>Salmonella Paratyphi A</i>  |
| <i>α-haemolytic streptococcus</i>  | <i>Salmonella Paratyphi B</i>  |
| <i>B-haemolytic streptococcus</i>  | <i>Salmonella Paratyphi C</i>  |
| <i>Klebsiella pneumonia</i>        | <i>Salmonella typhi</i>        |
| <i>Moraxella catarrhalis</i>       |                                |

**4. Interference**

The following common and potentially interfering substances may affect the performance of the OnSite H. Pylori Ag Rapid Test. This was studied by spiking these substances into negative and positive fecal specimens, respectively. The results demonstrate, at the

concentrations tested, the substances studied do not affect the performance of the OnSite H. Pylori Ag Rapid Test.

List of potentially interfering substances and concentrations tested:			
Tums® Antacid	5 mg/mL	Pepto-Bismol® Antacid	1:20
Tagamet® Antacid	5 mg/mL	Barium sulfate	5%
Prilosec® Antacid	5 mg/mL	Hemoglobin (tarry stool)	12.5%
Mylanta® Antacid	1:20		

**LIMITATIONS OF THE TEST**

- The Assay Procedure and the Interpretation of Assay Result sections must be followed closely when testing for the presence of *H. pylori* antigen in feces. Failure to follow the procedure, particularly the Specimen Collection and Handling procedure, may lead to inaccurate results.
- The OnSite H. pylori Ag Rapid Test is limited to the qualitative detection of *H. pylori* antigen in human fecal specimen. The intensity of the test line does not have a linear correlation with the antigen titer in the specimen.
- A negative or non-reactive result indicates the absence of detectable *H. pylori* antigen. However, a negative test result does not preclude the possibility of infection with *H. pylori*.
- A negative or non-reactive result can occur if the quantity of the *H. pylori* antigen present in the specimen is below the detection limits of the assay or if the antigens that are detected are not present in the fecal specimen collected.
- It is reported that the seroprevalence of *H. pylori* in specimens with positive fecal occult blood (FOB) test results is approximately 39.3%<sup>10</sup>. Therefore a specimen that tests positive with an FOB test may also be tested positive with the OnSite H. pylori Ag Rapid Test.
- If symptoms persist and the result from the OnSite H. pylori Ag Rapid Test is negative or non-reactive, it is recommended to test with alternative test methods.
- The results obtained with this test should only be interpreted in conjunction with other diagnostic procedures and clinical findings.

**REFERENCES**

- Fashner J, Gitsu AC. Diagnosis and Treatment of Peptic Ulcer Disease and H.pylori infection. Am Fam Physician. 2015 Feb 15;91(4):236-42
- Asaka M, Kato M, Takahashi S, et al. Guidelines for the management of Helicobacter pylori infection in Japan: 2009 revised edition. Helicobacter 2010; 15:1-20.
- Fischbach W, Malfertheiner P, Hoffmann JC, et al. S3-guideline "helicobacter pylori and gastroduodenal ulcer disease" of the German society for digestive and metabolic diseases (DGVS) in cooperation with the German society for hygiene and microbiology, society for pediatric gastroenterology and nutrition e. V., German society for rheumatology, AWMF-registration-no.021/001. Z Gastroenterol 2009;47:1230-63.
- Fock KM, Talley N, Moayyedi P, et al. Asia-Pacific consensus guidelines on gastric cancer prevention. J Gastroenterol Hepatol 2008;23:351-65.
- Malfertheiner P, Bornschein J, Selgrad M. Role of Helicobacter pylori infection in gastric cancer pathogenesis: a chance for prevention. J Dig Dis 2010;11:2-11.
- Polk DB, Peek RM Jr. Helicobacter pylori: gastric cancer and beyond. Nat Rev Cancer 2010;10:403-14.
- Malfertheiner P, Megraud F, O'Morain CA, et al. European Helicobacter Study Group. Management of Helicobacter pylori infection—the Maastricht IV/ Florence Consensus Report. Gut 2012;61:646-64.
- Shimoyama T, Kato T, Kodama M, et al. Applicability of a monoclonal antibody-based stool antigen test to evaluate the results of Helicobacter pylori eradication therapy. Jpn J Infect Dis 2009. 62(3):225-7.
- Peter M, Francis M, Colm AO, et al. Management of Helicobacter pylori infection—the Maastricht IV/ Florence Consensus Report. Gut. 2012 May;61(5):646-64.
- Ugwuja E, Ugwu N. An Assessment of Faecal Occult Blood Test and H. pylori infection in Patients with Uninvestigated Dyspepsia in Primary Health Cares in Abakaliki, Nigeria. The Internet J of laboratory Medicine 2003 V3 No. 1.

**Index of Symbols**

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

**CTK Biotech, Inc.**  
 13855 Stowe Drive  
 Poway, CA 92064, USA  
 Tel: 858-457-8698  
 Fax: 858-535-1739  
 E-mail: info@ctkbiotech.com

**MDSS GmbH**  
 Schiffgraben 41  
 30175 Hannover, Germany  
 PI-R0192C Rev. F2.1  
 Date released: 2020-11-12  
 English version

For Export Only. Not for Resale in the USA.