# Diagnostic Kit for Enteric Adenovirus Antigen

(Immunochromatography)

# **Product Name**

Diagnostic Kit for Enteric Adenovirus Antigen (Immunochromatography)

# Intended Use

The reagent is used to detect the Enteric Adenovirus Antigen (type40/41) in inInfants and young children's feces qualitatively.

Adenovirus (Adv) is a large group of viruses that can cause diseases in the respiratory tract, eyes, digestive tract, urethra and bladder. EAd 40/41 is an important pathogen for causing diarrhea in children, which is the second most important pathogen of the infantile diarrhea. Incubation period of EAd infection is 8-10 days, the typical course last for 5-12 days. There will be a symptom with vomit, watery diarrhea and low-grade fever. Compared with rotavirus infection, adenovirus infection has a lighter symptom of diarrhea and dehydration. The detection methods of adenovirus mainly include electron microscopy, isolation and culture method, immunological technique, nucleic acid detection and so on. The detection of adenovirus antigen has important clinical value in the early diagnosis and identification of EAd infection.

# Test Principle

The test utilizes antibodies including a mouse anti-Adv monoclonal antibody 2 and goat anti-mouse IgG antibody on the nitrocellulose membrane with colloidal gold marked mouse anti-Adv monoclonal antibody 1 as an mark tracer. The reagent is used to detect the Adv antigen in feces according to the principle of double antibody sandwich method and gold immunochromatography assay.

The sample mixing up mouse anti-Adv monoclonal antibody 1-marker move along the membrane to the T line, and form the T line when the sample contains Adv, which a positive result. Conversely, it is a negative result.

# Main Components

The testing kit is in the form of strip and cassette. Basic components: Sample pad, colloidal gold marked pad, nitrocellulose membrane, absorbent paper and PVC board. Colloidal gold marked pad coated with mouse anti-Adv monoclonal antibody, nitrocellulose membrane coated with mouse anti-Adv monoclonal antibody, control line coated with goat anti mouse IgG antibody. The sample dilution is made of PBS-Tween.

Description: different components of different batches cannot be used at the same time to avoid erroneous results

# Storage and Expiry

Store as packaged in the sealed pouch at 4-30°C, avoid hot and sunshine, dry place, valid for 24 months. DO NOT FREEZE. Some protective measures should be taken in hot summer and cold winter to avoid high temperature or freeze-thaw.

# Sample Requirement

1. Fecal supernatant is required for the detection.

2. The excretion peak of Adv from gastroenteritis patients' feces is 3-13 days after symptom appears. Positive results will not occur if the feces are collected long time after the diarrhea appears.

3. A sample must be collected in a clean and dry container.

4. The samples were collected from different parts (at least six, about 50mg) of the feces by the swab on the tube, put the sample into the 2mL distilled water and mix sufficiently.

5. Samples may be stored at  $20^{\circ}37^{\circ}$  for 12 hour, 2-8°C for 3 days, and at -20°C for 1 year. Frozen refrigerated samples should be recovered to room temperature before detection and thoroughly mixed. Repeat freeze and thaw for no more than 3 times.

#### Test Procedure

Instructions must be read entirely before taking the test. Allow the test device controls to equilibrate to room temperature for 30 minutes ( $20^{\circ}C-30^{\circ}C$ ) prior to testing. Do not open the inner packaging until ready, it must be used in one hour if opened (Humidity:  $20\%^{\circ}90\%$ , Temp:  $10^{\circ}C-50^{\circ}C$ )

# Strip and Cassette:

1. Take off the outer packing, put the strip/cassette onto the desk with the sample adding area of the strip/ sample hole of the cassette up.

2. Break off the top of the sample tube, drop 2-3 drops of diluted sample (about 80~100µl) vertically into the sample adding area of the strip /sample hole of the cassette.

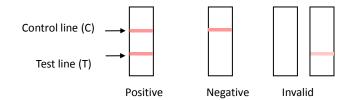
3. Observe the test results immediately within 5~10 minutes, the result is invalid over 10 minutes.

# **Result Judgment**

POSITIVE: Two distinct red lines appear. One line should be in the control region (C) and the other line should be in the test region (T).

NEGATIVE: One red line appears in the control region(C). No apparent red or pink line appears in the test region (T).

INVALID: No red lines appear or control line fails to appear, indicating that the operator error or reagent failure. Verify the test procedure and repeat the test with a new testing device.



#### Limitation

1. This reagent is designed for the qualitative screening test. Concentration of Adv cannot be determined by this qualitative test.

2. The results of the reagent are only for clinical reference, which is not the only basis for clinical diagnosis and treatment. A confirmed diagnosis and treatment should only be made by a physician after all clinical and laboratory findings have been evaluated.

3. Abnormal results may occur according to operator error or drug use. If Adv infection is still suspected, the sample should be collected later and carry the detection again.

# Performance Characteristics

1. Using internal quality control samples:

Negative specificity: The results should all be negative when detecting 10 kits of Adv negative quality control samples.

Positive specificity: The results should all be positive when detecting 10 kits of Adv positive quality control samples. (Including strong, medium and weak positive samples)

Limit of detection: The results should all be positive when detecting diluted Adv positive quality control samples with the diluent rate at 1:32.

Precision: The results should be consistent and the coloration degree should be consistent when detecting the precision control samples by 10 kits of the same batch.

2. Clinical trial results

A clinical evaluation was conducted on 1040 samples comparing the results obtained using the Diagnostic Kit for Enteric Adenovirus Antigenand other commercially available Adv tests. The results demonstrated a 97.08% positive agreement, 99.25% negative agreement, and a 98.75% overall agreement of the Diagnostic Kit for Enteric Adenovirus Antigenwhen compared to the other Adv tests. 3. Analytical sensitivity: 600 mol/L bilirubin, 5g /L triglyceride, 10g/L hemoglobin and 10g/L oxalic acid can affect the background color, but has no effect on the detection result.

10<sup>7</sup> cuf/mL staphylococcus aureus, pseudomonas aeruginosa, enterococcus faecalis , group C streptococcus , klebsiella pneumonia, branhamella catarrhalis, haemophilus influenza, monilia albican , neisseria meningitidis , shigella, neisseria gonorrhoeae , group B streptococcus, bacillus proteus

vulgaris , S. faecium , bacillus mirabilis, acinetobacter , bacillus ex pneumoenteritidis suis, gardnerella vaginalis, acinetobacter calcoaceticus, escherichia coli, pathogenic escherichia coli, salmonella enteritidis, chlamydozoa trachomatis, rotavirus and  $10^7$  IFU/mL adenovirus of type 1~8 11 21 35 samples showed no cross-reactivity.

4. Hook effect: the hook effect will not occur when detecting 9.85×10<sup>8</sup>IFU/mL of type 40 enteric adenovirus antigen and 9.93×10<sup>8</sup>IFU/mL of type 41 enteric adenovirus antigen.

Precaution

1. For IN VITRO diagnose only.

2. Do not use after the expiration date.

3. Reagents should be used as soon as possible after opened. This reagent cannot be reused for disposable.

4. The test result is invalid over 10 minutes.

5. The strength of the quality control line doesn't indicate the quality problem of the reagent, a test result that is clearly visible demonstrates the reagent is effective.

6. All samples and reagents should be considered potentially hazardous and handled in the same manner as an infectious agent after use.

7. Reagent blocking by sample may occur according to too much or too sticky sample. Diluted samples should be centrifuged, filtered, or allowed to settle to obtain a clear sample for testing.

8. Patients used to receive monoclonal antibodies therapy may have human anti-mouse antibodies in blood, which will infect the detection result of this reagent.

9. Do not use other kinds of quality control sample to test the reagent. Components of different batches cannot be exchanged for use to avoid erroneous results.