

Size : 137 x 218 mm



Rapid Test for the Qualitative Determination of Glucose-6-Phosphate Dehydrogenase deficiency (G6PD) in Human Whole Blood Samples

DEVICE

INTENDED USE

This test kit is an in-vitro diagnostic chromatographic assay for the qualitative detection of Glucose-6-phosphate dehydrogenase deficiency in Human whole blood.

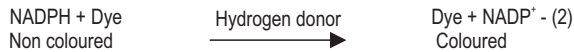
It assists trained competent users

- in detecting the activity of Glucose-6-phosphate dehydrogenase.

TEST PRINCIPLE:



The specimen travels on the nitrocellulose membrane due to the capillary action and moves further to the test region where Glucose-6-Phosphate (G6P) is converted to 6-Phospho-Gluconate in the presence of enzyme Glucose-6-Phosphate dehydrogenase (G6PD). This reaction pulls 2 electrons from G6P in order to reduce co-enzyme NADP⁺ to NADPH. Further Nitroterazolium blue chloride is converted to purple coloured Formazon dye by hydrogen donor with the help of NADPH generated in equation –(1)



In G6PD deficient samples there is no colour change and the background of the test strip remains white. Intensity colour formed is proportional to G6PD activity.

INTENDED USER

The test is intended to be performed by a trained user.

SPECIMEN REQUIRED

- **Venous blood:**
Fresh whole blood collected in EDTA, Heparin or ACD. Freezing is not recommended. With the help of micropipette transfer 5µl whole blood in to the test cassette 'A' region.
- **Capillary blood by Heel prick:**
Prick the Heel with the help of lancet. Press the heel till blood oozes out freely. Wipe off the initial blood drop. With the help of sample collection device collect the blood sample.

WARNINGS AND PRECAUTIONS:

- Read the instructions carefully before performing the test
- For in vitro diagnostic use only. NOT FOR MEDICINAL USE. For professional use only.
- Do not use the kit beyond expiry date and do not re-use the test device.
- Do not intermix reagents from different lots.
- Contact with the contents of desiccant pouch containing, among other substances, cobalt chloride (CAS# 7646-79-9) should be kept to minimum. Inhalation / swallowing may cause harm.
- Handle all specimens as if potentially infectious. Follow standard biosafety guidelines for handling and disposal of potentially infectious material.


MATERIALS PROVIDED

- A. Individual pouches, each containing:
1. **DEVICE** : Test strip assembly impregnated with G6PD assay mixture
 2. Desiccant pouch.
- B. **BUF** : Assay buffer bottle.
- C. Package insert.

Colour	C	M	Y	K
Black	0	0	0	100
Green	100	20	100	10

Size : 137 x 218 mm

PRESENTATION

REF	526010010	526010025
	10 T	25 T

OPTIONAL MATERIAL REQUIRED BUT NOT PROVIDED

5µl calibrated micropipettes, micropipette tip.

Materials required but not provided:

Alcohol swab, Sterile blood lancet, Blood collection set, stopwatch.

TEST KIT STORAGE AND STABILITY

- Store the sealed pouches at 2-8°C .
- Protect the kit from humidity .
- The RDT kit has a shelf life of 24 months from the date of manufacturing as indicated on the pouch.
- The test kit is stable until the expiration date marked on the RDT box and /or the packaging of the individual components when stored as specified.
- DO NOT FREEZE.

TESTING PROCEDURE

Before testing:

1. Prepare all the necessary materials
 - When stored in the refrigerator, bring the kit components to room temperature (Normally it takes minimum 30 to 45 minutes for the same) prior to use.
 - Make necessary preparations of required materials
2. Check the expiration date of the test. (If expired, do not use it but take another test from an unexpired kit).
3. Check that the cassette packaging is not damaged. (If damaged, discard the cassette packaging and use another test).
4. Open the cassette packaging by tearing along the notch indicated and check the desiccant. (If it shows saturation i.e. colour changed from blue to pink or colourless), discard the cassette and take another cassette packaging. If the colour of the desiccant does not show any colour change the cassette can be used for the test.
5. Throw the desiccant in the non-sharp disposal container.
6. Take the cassette and place it on the horizontal surface.
7. The cassette will have:
 - A result window (marked as C & T)
 - A sample port marked "A".
 - A circle well marked "B".
8. Write the patient name or patient identification on the cassette.
9. Put the gloves. Use new pair of gloves for each patient.

Test Procedure

Capillary whole blood from Heel prick

1. Wear gloves.
2. Open the packaging of the alcohol swab. Take out the alcohol swab. Do not throw away the empty packaging (wrapper) but keep it aside.
3. Wipe the complete area to be pricked with the alcohol swab.
4. Wait until the area has completely dried (minimum 30 seconds).
5. Place the alcohol swab in the wrapper and set it aside (you will use it again to stop the bleeding after you collected the blood).
6. Take the safety-seal lancet.
7. Detach the cap of the lancet. Puncture the side of the fleshy area with the lancet. Dispose the lancet immediately into the sharps box.
8. Make sure a well-formed drop of blood is present.
9. If there is no well-formed drop of blood, repeat the prick at some other area.
10. Use a new lancet and choose a different puncture site.
11. Take the specimen transfer device and collect 5 µl of blood into the whole blood drop. Take the alcohol swab you put aside (step 5). Press it to the site of pricking to stop the bleeding. After use, put the alcohol swab into the non-sharps

Size : 137 x 218 mm

disposal container.



12. Dispense 5 µl blood sample in the sample port 'A', followed by the addition of 5 drops of the Assay buffer in port 'B' (Do not move the device after addition of Assay buffer).
13. Do not read and interpret after 30 minutes.

Venous whole blood

1. Wear Gloves.
2. Collect blood by standard venipuncture procedure into tube containing anticoagulant (EDTA or Heparin).
3. Mix the tube gently.
4. Perform steps 12-14 of the previous section ("Capillary whole blood from heel prick").

INTERPRETATION OF THE RESULTS

1. At the end of 25 to 30 minutes record the test result as noted in the table below.
2. Where possible have the results confirm by a second reader within this time frame.
3. Colour intensities may vary from faint to strong.
4. Record the test result as noted in the table below:

	Normal: Purple colouration at "T" zone compared to "C" zone.
	G6PD Deficiency: No colouration at "T" zone.

LIMITATIONS OF THE PRODUCT

1. The test procedure, precautions and interpretation of results for this test must be followed while testing.
2. G6PD deficiency test is a qualitative test kit. It cannot provide the quantitative G6PD assay results.
3. Test kit directly exposed to sunlight and heat can affect the outcome of the test.
4. This is a screening test and has to be confirmed with kinetic assay.
5. Some intermediate samples may behave like normal, depending on RBC count.
6. Young Red cells have a higher G6PD content than the older ones, regardless of the genetic variant that is present, in such cases it has to be confirmed with kinetic assay.
7. Normally the activity contributed by WBC, platelets or serum is very small. In case of severe anemia, leukocytosis, or very low G6PDH levels, the use of sample after removing the buffy coat is recommended. Do not use turbid, deteriorated or leaking reagents.
8. This test does not detect intermediate G6PD deficiency.
















BIBLIOGRAPHY

1. Beutler, E. (1994): G6PD Deficiency. Blood 84, (11), 3613-3636.
2. Beutler E. Glucose-6-phosphate dehydrogenase deficiency: a historical perspective. Blood. Jan 1 2008;111(1):16-24
3. Frank JE "Diagnosis and management of G6PD deficiency". Am Fam Physician 72 (7): 1277-82; 2005.
4. Cappellini MD, Fiorelli G. Glucose-6-phosphate dehydrogenase deficiency. Lancet 371 (9606): 64-74; 2008.
5. Wajcman H, Galactéros F. Glucose 6-phosphate dehydrogenase deficiency: a protection against malaria and a risk for hemolytic accidents. C. R. Biol. 327(8): 711-20; 2004.
6. Vulliamy T, Beutler E, Luzzatto L. Variants of glucose-6-phosphate dehydrogenase are due to missense mutations spread throughout the coding region of the gene. Hum. Mutat. 2 (3): 159-67; 1993.
7. Reclos G., Tanyalcin T., Pass K.. Estimation of the biological variation of glucose-6-phosphate dehydrogenase in dried blood spots. Accred Qual Assur ; 2006
8. Bienzle U., Effiong C.E. and Luzzatto L. Erythrocyte glucose-6-phosphate dehydrogenase deficiency (G6PD type A-) and neonatal jaundice. Acta Paed Scand 65:701, 1976.
9. Doxiades S.A. and Valaes F. The clinical picture of Glucose 6-phosphate dehydrogenase deficiency in early infancy. Arch Dis Child 39:545, 1964.
10. Matthay K.K and Mentzer W.C. Erythrocyte enzymopathies in the newborn. Clin Haematol 10:31, 1981.
11. Malluh A.A., Imseeh G., Abu-Osba Y. K. and Hamdan J.A. Screening for Glucose 6-phosphate dehydrogenase deficiency can prevent severe neonatal jaundice. Ann Trop Paed 12:391, 1992.
12. Solem E. Glucose 6-phosphate dehydrogenase deficiency: An easy and sensitive quantitative assay for the detection of female heterozygotes in red blood cells. Clin Chim Acta 142:153, 1984.
13. Betke, et al. (1967): Standardization of procedures for the study of glucose 6-phosphate dehydrogenase. Report of a WHO Scientific group. World Health organization. Tech. Rep. Ser. 266.

Size : 137 x 218 mm

14. Yahya, H.I., and Allalawi, N.A.S. (1993): Acute hemolytic episodes in fava bean consumption in G6PD deficient Iraqis. Indian J. Med. Res. Section B-Biomedical Research Other than Infectious Diseases. 98, 290-292.
15. Gibbs, et al. (1979). Glucose-6-phosphate dehydrogenase deficiency and neonatal jaundice in Jamaica. Br. J. Haematol. 43, 263.
16. Brown, et al. (1968). Hyperbilirubinemia and kernicterus in glucose-6-phosphate dehydrogenase deficient infants in Singapore. Pediatrics 41,1055.
17. Ifekwunigwe, et al. (1966); Kernicterus in G6PD deficiency. Lancet 1, 667.
18. Doxiadis, et al. (1960): Erythrocyte enzyme deficiency in unexplained kernicterus. Lancet 2, 44.
19. Meloni, et al. (1974): Phototherapy for neonatal hyperbilirubinemia in mature new born infants with erythrocyte G6PD deficiency. J. Pediatr. 85,560.
20. Tan, K.L. (1977): Phototherapy for neonatal jaundice in erythrocyte glucose-6-phosphate dehydrogenase deficient infants. Pediatrics.59.1023.
21. Meloni, et al. (1973): Phenobarbital for prevention of hyperbilirubinemia in glucose-6-phosphate dehydrogenase deficient newborn infants. J. Pediatr.82, 1048.
22. Westgard, J.O. et al. (1981): A multi-rule chart for quality control. Clin.Chem. 27, 493-501.
23. Data on file: Zephyr Biomedicals.

SYMBOL KEYS

	Temperature Limitation		Manufacturer		Device	 Harmful if swallowed. Do not breathe vapour. If swallowed, seek medical advice immediately and show this container or label. Avoid release to the environment. Refer to special instructions.
	Use by		Consult Instructions for use		Assay Buffer	
	Date of Manufacture		Catalogue Number		This side up	
	Batch Number / Lot Number		In vitro Diagnostic Medical Device		Do not use if package is damaged	
	Contains sufficient for <n> tests		Do not reuse			



Manufactured by:

Zephyr Biomedicals

A Division of Tulip Diagnostics (P) Ltd.

M 46-47, Phase III B, Verna Industrial Estate, Verna, Goa - 403 722, INDIA.

Regd. Office: Gitanjali, Tulip Block, Dr. Antonio Do Rego Bagh, Alto Santacruz, Bambolim Complex P.O., Goa - 403 202, INDIA.

EC REP

CMC Medical Devices & Drugs S.L., Spain.

0820/VER-01

Size : 70 x 110 mm

Colour	C	M	Y	K
Black	0	0	0	100
Green	100	20	100	10

Size : 100 x 78 mm

Contents:

- 10 x Test devices.
- 1 x Assay buffer bottle.
- 1 x Package insert.

DEVICE	10
BUF	1
PI	1

REF Cat No.: 526010010

2°C - 8°C Store at 2°C to 8°C
Do Not Freeze

 **10 TESTS**  10

BabySafeTM

G6PD Rapid Diagnostic Test

DEVICE

Rapid Test for the Qualitative Determination of Glucose-6 Phosphate-Dehydrogenase deficiency (G6PD) in Human Whole Blood Samples

Mfg. Lic. No.: 558 (DO NOT ACCEPT IF THE SEAL IS BROKEN)

8 906010 961886

0820/VER-01

Size : 100 x 78 mm

Contents:

- 25 x Test devices.
- 1 x Assay buffer bottle.
- 1 x Package insert.

DEVICE	25
BUF	1
PI	1

REF Cat No.: 526010025

2°C - 8°C Store at 2°C to 8°C
Do Not Freeze

 **25 TESTS**  25

BabySafeTM

G6PD Rapid Diagnostic Test

DEVICE


Rapid Test for the Qualitative Determination of Glucose-6-Phosphate Dehydrogenase deficiency (G6PD) in Human Whole Blood Samples


Mfg. Lic. No.: 558 (DO NOT ACCEPT IF THE SEAL IS BROKEN)

8 906010 961893

0820/VER-01



70 x 18 mm

 For in vitro diagnostic use only
Not for medicinal use
Read package insert for instructions before use

 **BabySafe**TM

G6PD Rapid Diagnostic Test

ASSAY BUFFER





 

2°C - 8°C Store at 2°C to 8°C
Do Not Freeze

Mfg. Lic. No.: 558

Lot No. :
Mfg. Date :
Expiry Date :
Vol. :

Manufactured by
Zephyr Biomedicals
A Division of Tulip Diagnostics (P) Ltd.
M-46-47, Phase II B, Vardaan Industrial Estate, Vardaan, Gurgaon-122 002, INDIA.
Regd. Office: Ghazipur, Tulip Block, Dr. Ambedkar Road, Sector-14, Mayapuri, New Delhi-110 029, INDIA.

VER-01

Colour	C	M	Y	K
Black	0	0	0	100
Green	100	20	100	10