SICKLECHECK™

Rapid test for simultaneous detection of Hb S and Hb A in human whole blood.

INTENDED USE
SICKLECHECK™ is a rapid, qualitative, immunochromatographic assay for the simultaneous detection of Hb S and Hb A in human whole blood sample for diagnosis of sickle cell disorder.

SUMMARY
Hemoglobin S (Hb S) differs from the normal Hemoglobin A (Hb A) by a single amino acid mutation at position 6 of the beta chain; wherein glutamic acid is replaced by valine. During low oxygen conditions, the red blood cell morphology may range from mild deformity to irreversible elongated tactoid. This elongated filamentous tactoid formation results in the typical ‘sickle’ appearance of the red blood cell. Individual with sickle cell anemia (homozygous S/S) may have early mortality with vascular occlusions of multiple organ systems, severe hemolytic anemia and hyponxia. Individual with sickle cell trait (heterozygous A/S) are usually asymptomatic. However, under certain conditions of reduced oxygen tension such as hypoxia during anesthesia, flight in poorly pressurized airplanes, sevr pneumonia; they can experience a sickle cell crisis. SICKLECHECK™ is a rapid, competitive immunochromatographic assay for the qualitative detection of Hb S and Hb A in human whole blood sample.

PRINCIPLE
SICKLECHECK™ is based on the principle of agglutination of antibodies/antisera with respective antigen in a competitive immune-chromatography format along with use of nano gold particles as agglutination revealing agent. The conjugate pad is impregnated with two components – monoclonal antibody for Hemoglobin S (Hb S) conjugated to colloidal gold, monoclonal antibody for Hemoglobin A (Hb A) conjugated to colloidal gold. As the test specimen flows through the membrane assembly of the device, the highly specific monoclonal antibody for Hb S & Hb A – colloidal gold conjugate complexes with the respective antigens Hb S & Hb A present in the test specimen and travels on the membrane due to capillary action. The complex moves further on the membrane to the test region (S & A) where it is not captured by Hb S & Hb A coated on the test membrane, therefore forming no band. The absence of control bands at the test regions (S & A) indicates the presence of respective antigen (Hb S / Hb A) in the test specimen. In absence of Hb S & Hb A, the highly specific monoclonal antibody for Hb S & Hb A – colloidal gold conjugate travels on the membrane due to capillary action and moves further on the membrane to the test region where it is immobilized by specific antigen Hb S & Hb A coated on the test membrane (S & A), therefore forming colored bands. The presence of colored band at the test regions (S & A) indicate the absence of the respective antigens (Hb S / Hb A) in the specimen. The intensity of the test line is dependent on the concentration of the analyte present in the test specimen. The unbound colloidal gold conjugates moves further on the membrane and immobilized by the agglutinating sera for goat anti mouse IgG coated on the membrane at the control region (C). This control band acts as a procedural control and serves to validate the test results.

REAGENTS AND MATERIALS SUPPLIED
SICKLECHECK™ kit contains:
A. Individual pouches, each containing:
1. **DEVICE**: Membrane test assembly impregnated with colloidal gold conjugated to Anti-Hb S, Anti-Hb A antibody, Hb S & Hb A and goat anti mouse IgG at the respective regions.
2. Desiccant pouch.
B. **PIPETTE**: Disposable plastic sample applicator.
C. **BUF**: Assay buffer vials.
D. Package insert.
E. Alcohol swabs – 70% Isopropyl alcohol (optional*).
F. Sterile lancets (optional*).
* Optional material provided on request.

OPTIONAL MATERIALS REQUIRED
10μl calibrated micropipettes, micropipette tips, sterile safety lancet, stopwatch.

STORAGE AND STABILITY
The sealed pouches in the test kit and the kit components may be stored between 4°C to 40°C till the duration of the shelf life as indicated on the pouch/carton. DO NOT FREEZE.
NOTES
1. Read the instructions carefully before performing the test.
2. For in vitro diagnostic use only. NOT FOR MEDICINAL USE. For professional use only.
3. Do not use the kit beyond expiry date and do not re-use the test device.
4. Do not intermix reagents from different lots.
5. 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.
6. Handle all specimens as if potentially infectious. Follow standard biosafety guidelines for handling and disposal of potentially infectious material.
7. If desiccant colour at the point of opening the pouch has turned from blue to pink or colourless, another test device must be run.

SPECIMEN COLLECTION AND PREPARATION
No special preparation of the patient is necessary prior to specimen collection by approved techniques.

a. Venous blood:
Collect whole blood in EDTA, Heparin, Sodium Citrate or ACD anticoagulant. Though fresh blood samples are preferable; the sample can be stored at 2°C to 8°C for up to 24 hours, in case of delay in testing. With the help of a micropipette / sample applicator transfer 10µl whole blood into the labelled assay buffer vial (provided with the kit) recap and mix vigorously. The specimen is now ready for testing.

b. Capillary blood by finger prick:
Prick the finger (preferably ring finger of non-writing hand) with the help of lancet. Press the finger (if required) till blood oozes out freely. Wipe off the initial blood drop. Using a micropipette / sample applicator (provided with the kit) collect 10µl whole blood for the test and immediately add to the labelled assay buffer vial (provided with the kit). Mix vigorously and the specimen is now ready for testing.

TESTING PROCEDURE
1. Bring the kit components of SICKLECHECK™ devices to room temperature prior to testing.
2. Open a foil pouch by tearing along the “notch” and remove the testing device.
3. Check the colour of the desiccant pouch. It should be blue. If the desiccant has turned colorless or pink, discard the test device and use another device. Once opened, the device must be used immediately.
4. Label the device with specimen identity.
5. Place the testing device on the flat horizontal surface.
6. Mix the content of the labelled assay buffer vial.
7. Hold the assay buffer vial in an upward position and break the tip off.
8. Invert the vial and carefully dispense exactly two drops of specimen-buffer mixture into the specimen port (B).
9. Observe the development of visible colored band at test regions (S & A).
10. Visible bands may be observed at the end of 15 minutes, depending on the concentration of the analyte present in the specimen
11. Do not read and interpret after 15 minutes.

INTERPRETATION OF RESULTS
- At the end of 15 minutes record the test result as noted in the table below.
- Test line intensities may vary from faint to strong. Consider the faint lines also a visible band.

<table>
<thead>
<tr>
<th>Normal</th>
<th>Presence of colored band in control region (C) and test region (S).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickle Cell Disease (SCD)</td>
<td>Sickle cell with other hemoglobinopathies</td>
</tr>
<tr>
<td>Presence of coloured band in the control region (C) and test region (A).</td>
<td></td>
</tr>
<tr>
<td>Sickle Cell Trait or its association with other hemoglobinopathies</td>
<td></td>
</tr>
<tr>
<td>Presence of colored band in the control region (C) and no colored band at S &amp; A.</td>
<td></td>
</tr>
<tr>
<td>Other Hemoglobinopathies or Thalassemia or other hemoglobinopathies associated with Thalassemia</td>
<td></td>
</tr>
<tr>
<td>The presence of colored band in the control region (C), test region (S) and test region (A).</td>
<td></td>
</tr>
<tr>
<td>Such samples are to be confirmed by Hb electrophoresis or Hb HPLC methods.</td>
<td></td>
</tr>
<tr>
<td>Invalid Results</td>
<td></td>
</tr>
<tr>
<td>The test is said to be invalid if no band appears at the control region (C) irrespective of the colored bands at the test region (S/A).</td>
<td></td>
</tr>
</tbody>
</table>

PERFORMANCE CHARACTERISTICS
SICKLECHECK™ was evaluated in comparison with HPLC as reference method using 100 samples. SICKLECHECK™ demonstrated an accuracy of 98% in comparison with the reference method.

SICKLECHECK™ has been evaluated against reference test method of High performance liquid chromatography (HPLC) method by two reputed medical research institutes in India. Findings are as follows:

External evaluation I:

<table>
<thead>
<tr>
<th>Sensitivity</th>
<th>Specificity</th>
</tr>
</thead>
<tbody>
<tr>
<td>98.14%</td>
<td>99.03%</td>
</tr>
<tr>
<td>Positive predictive Value</td>
<td>98.1%</td>
</tr>
<tr>
<td>Negative Predictive Value</td>
<td>99.02%</td>
</tr>
</tbody>
</table>

External evaluation II:

<table>
<thead>
<tr>
<th>For Disease - HbSS</th>
<th>For Trait - HBAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity</td>
<td>Specificity</td>
</tr>
<tr>
<td>97.92%</td>
<td>100%</td>
</tr>
<tr>
<td>99.07%</td>
<td>98.81%</td>
</tr>
</tbody>
</table>

REMARKS & LIMITATIONS
1. SICKLECHECK™ does not quantitate the amount of Hb S or Hb A present in the specimen.
2. Test is dependant on both concentration of total Hb and percentage of Hb S & Hb A present in the sample.
3. Heterophilic substances might give erroneous results.
4. Lipemic or icteric sample may give erroneous results.
5. Presence of control line only means that the migration of the test is occurred. It does not serve as confirmation of addition of sample.
6. The test is screening test and has to be confirmed by electrophoresis and HPLC.

WARRANTY
This product is designed to perform as described on the label and package insert. The manufacturer disclaims any implied warranty of use and sale for any other purpose.