# ✓JusChek₀

**FOB Rapid Test Cassette** 

(Feces) Package Insert

A rapid, one step test for the qualitative detection of Human Occult Blood in feces. ssional in vitro diagnostic use only INTENDED USE

The FOB Rapid Test Cassette (Feces) is a rapid chromatographic immunoassay for the qualitative detection of Human Occult Blood in feces. SUMMARY

Many diseases can cause hidden blood in the feces. This is also known as Fecal Occult Blood (FOB), Human Occult Blood, or Human Hemoglobin. In the early stages, gastrointestinal problems such as colon cancer, ulcers, polyps, colitis, diverticulitis, and fissures may not show any visible symptoms, only occult blood. Traditional guaiac-based methods lack sensitivity and specificity, and also have diet restrictions prior to testing.<sup>1,2</sup> The FOB Rapid Test Cassette (Feces) is a rapid test to qualitatively detect low levels of Fecal

Occult Blood. The test uses a double antibody sandwich assay to selectively detect Fecal Occult Blood at 50ng/ml or higher, or 6µg/g feces. In addition, unlike guaiac assays, the accuracy of the test is not affected by the diet of the patients.

PRINCIPLE The FOB Rapid Test Cassette (Feces) is a qualitative, lateral flow immunoassay for the detection of Human Occult Blood in feces. The membrane is precoated with anti-hemoglobin antibody on the test line region of the test. During testing, the specimen reacts with the particle coated with anti-hemoglobin antibody. The mixture migrates upward on the membrane chromatographically by capillary action to react with anti-hemoglobin antibody on the membrane and generate a colored line. The presence of this colored line in the test line region indicates a positive result, while its absence indicates a negative result. To serve as a procedural control, a colored line will always appear in the control line region, indicating that the proper volume of specimen has been added and membrane wicking has occurred.

REAGENTS The test contains anti-hemoglobin antibody particles and anti-hemoglobin antibody coated on membrane

## PRECAUTIONS

- For professional in vitro diagnostic use only. Do not use after expiration date.
- The test should remain in the sealed pouch until use. Do not eat, drink or smoke in the area where the specimens or kits are handled.
- Handle all specimens as if they contain infectious agents. Observe established precautions against microbiological hazards throughout all procedures and follow the standard
- procedures for proper disposal of specimens. Wear protective clothing such as laboratory coats, disposable gloves and eye protection when specimens are assayed.
- The used test should be discarded according to local regulations.
- Humidity and temperature can adversely affect results

# STORAGE AND STABILITY

The kit can be stored at room temperature or refrigerated (2-30°C). The test cassette is stable through the expiration date printed on the sealed pouch. The test cassette must remain in the sealed pouch until use. DO NOT FREEZE. Do not use beyond the expiration date.

- Specification of the second second
- Alcohol, aspirin and other medications taken in excess may cause gastrointestinal irritation resulting in occult bleeding. Such substances should be discontinued at least 48 hours prior

to testing.

No dietary

MATERIALS restrictions are necessary before using the FOB Rapid Test Cassette.

## Matorials Provided

		Materials i loviaca	
<ul> <li>Test cassettes</li> </ul>	Specime	n collection tubes with extraction buffer	<ul> <li>Package insert</li> </ul>
Materials Required But Not Provided			
<ul> <li>Specimen collection c</li> </ul>	ontainers	Timer	<ul> <li>Droppers</li> </ul>

DIRECTIONS FOR USE Allow the test, specimen, buffer and/or controls to reach room temperature (15-30°C) prior to testing.

1. To collect fecal specimens:

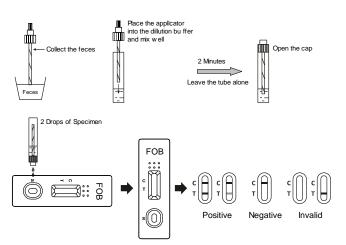
To collect tecal specimens: Collect sufficient quantity of feces (1-2 mL or 1-2 g) in a clean, dry specimen collection container to obtain maximum antigens (if present). Best results will be obtained if the assay is performed within 6 hours after collection. Specimen collected may be stored for 3 days at 2-8 C if not tested within 6 hours. For long term storage, specimens should be kept below -20 C.

# 2. To process fecal specimens

• For Solid Specimens: Unscrew the cap of the specimen collection tube, then randomly stab the specimen collection applicator into the fecal specimen in at least 3 different sites to collect approximately 50 mg of feces (equivalent to 1/4 of a pea). Do not scoop the fecal specimen.

 For Liquid Specimens For Liquid Specimens:
 Hold the dropper vertically, aspirate fecal specimens, and then transfer 2 drops (approximately 80 μL) into the specimen collection tube containing the extraction buffer.
 Tighten the cap onto the specimen collection tube, then shake the specimen collection tube vigorously to mix the specimen and the extraction buffer. Leave the tube alone for 2

- 3 minutes
- 4. Bring the pouch to room temperature before opening it. Remove the test cassette from the foil pouch and use it within one hour. Best results will be obtained if the test is performed immediately after opening the foil pouch.
- 5. Hold the specimen collection tube upright and open the cap onto the specimen collection tube upright and open the cap onto the specimen collection tube and transfer 2 full drops of the extracted specimen (approximately 80 µL) to the specimen well (S) of the test cassette, then start the timer. Avoid trapping air bubbles in the specimen well (S). See illustration below.
- 6. Read results at 5 minutes after dispensing the specimen. Do not read results after 10 minutes
- 7. Note: If the specimen does not migrate (presence of particles), centrifuge the extracted specimens contained in the extraction buffer vial. Collect 80 µL of supernatant, dispense into the specimen well (S) of a new test cassette and start afresh following the instructions mentioned above.



# INTERPRETATION OF RESULTS

(Please refer to the illustration above) POSITIVE:\* Two lines appear. One colored line should be in the control line region (C) and another apparent colored line should be in the test line region (T).

\*NOTE: The intensity of the color in the test line region (T) will vary depending on the concentration of Fecal Occult Blood present in the specimen. Therefore, any shade of color in

# the test line region (T) should be considered positive NEGATIVE: One colored line appears in the control line region (C). No line appears in the INVALID: Control line fails to appear. Insufficient specimen volume or incorrect procedural INVALID:

techniques are the most likely reasons for control line failure. Review the procedure and repeat the test with a new test. If the problem persists, discontinue using the test kit mediately and contact your local distributor. QUALITY CONTROL

# Internal procedural controls are included in the test. A colored line appearing in the control region (C) is an internal valid procedural control. It confirms sufficient specimen volume and

correct procedural technique. Control standards are not supplied with this kit; however, it is recommended that positive and negative controls be tested as a good laboratory practice to confirm the test procedure and to verify proper test performance

The FOB Rapid Test Cassette (Feces) is for in vitro diagnostic use only.
 The FOB Rapid Test Cassette (Feces) will only indicate the presence of Fecal Occult Blood, the presence of blood in feces does not necessarily indicate colorectal bleeding.

As with all diagnostic tests, all results must be considered with other clinical information available to the physician.
 Other clinically available tests are required if questionable results are obtained.

# EXPECTED VALUES

The FOB Rapid Test Cassette (Feces) has been compared with another leading commercial rapid test. The correlation between this two system is 98.6%

## PERFORMANCE CHARACTERISTICS Accuracy

The FOB Rapid Test Cassette (Feces) has been compared with another leading commercial rapid test using clinical specimens.

## Method Other Rapid Test Tota Positive Negative Results Result FOB Rapid Test Cassette Positive 189 193 (Feces) 10 802 812

Negative

 
 Total Result
 199
 806

 Relative sensitivity:
 189/199=95%
 (95%CI\*: 91%~97.6%);

 Relative specificity:
 802/806=99.5%
 (95%CI\*: 98.7%~99.9%);

 Accuracy:
 (189+802)/(189+10+4+802)
 =98.6%
 (95%CI\*: 97.7%~99.2%).
 Confidence Intervals

Sensitivity

The FOB Rapid Test Cassette (Feces) can detect levels of Fecal Occult Blood as low as 50 ng/mL or 6 µg/g feces.

## Precision Intra-Assay

Within-run precision has been determined by using 15 replicates of three specimens: 50ng/ml, 100ng/ml and 10µg/ml positive specimens. The specimens were correctly identified >99% of the time.

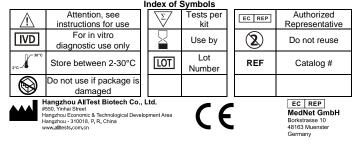
## Inter-Assay

Between-run precision has been determined by 15 independent assays on the same three specimens: 50ng/ml, 100ng/ml and 10µg/ml positive specimens. Three different lots of the FOB Rapid Test Cassette (Feces) have been tested using these specimens. The specimens were correctly identified >99% of the time.

Cross-reactivity The FOB Rapid Test Cassette (Feces) is specific to human hemoglobin. Specimens containing the following substances were diluted in the extraction buffer to a concentration of 1.0 mg/ml, and tested on both positive and negative controls with no effect on test results: Bovine hemoglobin, Chicken hemoglobin, Pork hemoglobin, Goat hemoglobin, Horse hemoglobin, Rabbit hemoglobin and Turkey hemoglobin. BIBLIOGRAPHY 4. Sime ID Queut Diad Concessor for Collegation Consistence A Critical Providence

Simon JB. Occult Blood Screening for Colorectal Carcinoma: A Critical Review, Gastroenterology, 1985; 88: 820. 2. Blebea J, Mcpherson RA. False-Positive Guaiac Testing With Iodine, Arch Pathol

Lab Med. 1985:109:437-40.



DN: Rev. Date: 752000 2017-09-07

1005