

OnSite® FOB Rapid Test

REF R2010C CE

Instructions for Use

INTENDED USE

The OnSite FOB Rapid Test is an immunochemical test device intended for the qualitative detection of fecal occult blood (FOB) in human fecal specimens in laboratories or physician offices. It is intended to be used by professionals as aid in the detection of bleeding caused by a number of gastrointestinal disorders, e.g., diverticulitis, colitis, polyps, and colorectal cancer.

Any use or interpretation of this preliminary test result must also rely on other clinical findings and 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

The American Cancer Society and Centers for Disease Control and Prevention recommend a fecal occult blood test annually after age 50 to aid in the early detection of colorectal cancer¹. Two types of FOB tests are commercially available: guaiac dye and immunochemistry.

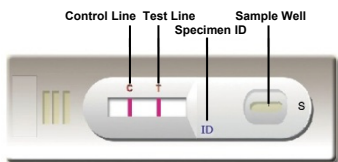
Guaiac tests are widely used but lack accuracy. Guaiac dye is a naturally occurring phenolic compound that can be oxidized to quinone by the hydrogen peroxidase activity of human hemoglobin (hHb) resulting in a detectable color change. The sensitivity and specificity of guaiac tests are much lower than those of immunochemical assays. The low accuracy of guaiac tests is related to dietary peroxidases, including hemoglobin from meat and uncooked fruits and vegetables. Non-cancerous gastrointestinal tract bleeding and iron intake may also cause false positive results with guaiac tests².

Immunochemical tests are highly accurate for the detection of hHb compared to the guaiac method. The results of immunochemical FOB tests (iFOBT) are not affected by dietary peroxidases, animal blood or ascorbic acid. A Japanese study demonstrated that iFOBT screening tests reduced mortality of colorectal cancer by 60%³.

The OnSite FOB Rapid Test is an iFOBT designed to specifically detect low levels of human fecal occult blood. It can be performed within 10 minutes by minimally skilled personnel and without the use of laboratory equipment.

TEST PRINCIPLE

The OnSite FOB Rapid Test is a lateral flow chromatographic immunoassay. The test cassette consists of: 1) a colored conjugate pad containing monoclonal anti-hHb antibodies conjugated with colloidal gold (anti-hHb conjugates) and a control antibody conjugated with colloidal gold, 2) a nitrocellulose membrane strip containing a test line (T line) and a control line (C line). The T line is pre-coated with a monoclonal anti-hHb antibody, and the C line is pre-coated with a control line antibody.



A trace amount of hemoglobin (hHb) is first extracted from the fecal specimen with the stool collection device. When an adequate volume of test sample is dispensed into the sample well of the test cassette, the sample migrates by capillary action across the cassette. hHb, if present in the sample at concentrations equal to or higher than 50 ng/mL, will bind to the anti-hHb conjugates. The immunocomplex is then captured on the membrane by the pre-coated antibody forming a colored T line, indicating a positive test result. Absence of the T line suggests that the concentration of hHb in the specimen is below the detectable level, indicating a negative result.

The test contains an internal control (C line) which should exhibit a colored line of the immunocomplex of control antibodies regardless of any color development on the T line. If the C line does not develop, the test result is invalid, and the specimen must be retested with another device.

REAGENTS AND MATERIALS PROVIDED

- Individually sealed foil pouches containing:
 - One cassette test device
 - One desiccant
- Stool collection devices, each containing 2 mL of extraction buffer (REF SB-R2010)
- Patient ID stickers
- Instructions for Use

MATERIALS MAY BE REQUIRED AND AVAILABLE FOR PURCHASE

- Positivia FOB Rapid Test Control Kit (Cat# C2011) containing one vial of positive control and one vial of negative control

MATERIALS REQUIRED BUT NOT PROVIDED

- Clock or timer
- Fecal specimen container

WARNINGS AND PRECAUTIONS

For in Vitro Diagnostic Use

- Read these Instructions for Use completely before performing the test. Failure to follow these instructions could lead to inaccurate test results.
- Do not open the sealed pouch unless ready to conduct the assay.
- Do not use any kit components beyond their stated expiration date.
- Do not use the components in any other type of test kit as a substitute for the components in this kit.
- Bring all reagents to room temperature (15-30°C) before use.
- Do not scoop fecal specimen as this may lead to excess fecal specimen that may block the sample well and result in an invalid test result.**
- Do not use specimens for testing if blood is visible.**
- Wear protective clothing and disposable gloves while handling the kit reagents and

- clinical specimens. Wash hands thoroughly after performing the test.
- Users of this test should follow standard biosafety precautions.
- Do not smoke, drink or eat in areas where specimens or kit reagents are being handled.
- Dispose of all specimens and materials used to perform the test as biohazardous waste.
- The test result should be read 5-10 minutes after a sample is applied to the sample well of the device. Any results interpreted outside of the 5-10 minutes window should be considered invalid and must be repeated.
- Do not perform the test in a room with strong air flow, e.g. an electric fan or strong air-conditioning.

REAGENT PREPARATION AND STORAGE INSTRUCTIONS

All reagents are ready to use as supplied. Store unused test devices unopened at 2-30°C. If stored at 2-8°C, ensure that the test device is brought to room temperature (15-30°C) 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.

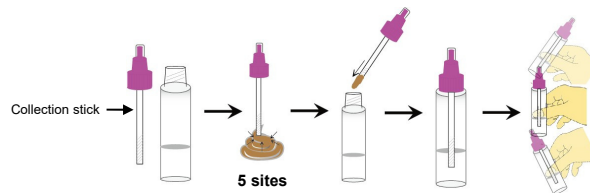
PATIENT PREPARATION

- Specimens should not be collected from patients with the following conditions which may interfere with the test results:
 - Menstrual bleeding
 - Bleeding hemorrhoids
 - Constipating bleeding
 - Urinary bleeding
- Dietary restrictions are not necessary.
- Alcohol and certain medications such as aspirin, indomethacin, phenylbutazone, reserpine, corticosteroids, and nonsteroidal anti-inflammatory drugs may cause gastrointestinal irritation and subsequent bleeding, and produce positive reactions. On the advice of a physician, these medicines may be temporarily discontinued for 7 days prior to and during the test period.

SPECIMEN COLLECTION AND HANDLING

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

- Step 1: Collect a stool specimen in a clean, dry receptacle.
- Step 2: Fill in all required information on the patient ID sticker and apply to the stool collection device.
- Step 3: Open the stool collection device by unscrewing the top and use the collection stick to randomly pierce the stool specimen in five different sites. **Do not scoop stool specimen. Ensure that stool specimen is only in the grooves of the collection stick. Excess stool specimen may lead to an invalid 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** to extract the hHb in the specimen.

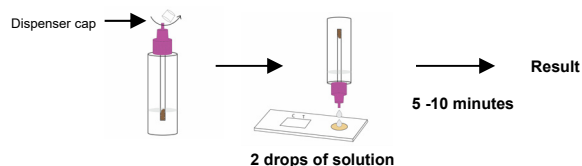


The specimen is now ready for testing, transportation or storage.

Note: It is recommended to test the specimen immediately after extraction. If not tested immediately, the extracted specimen may be stored at room temperature (20-37°C) for up to 10 days or at 2-8°C for up to 21 days. For longer storage, the extracted specimen may be frozen at -20°C. Avoid multiple freeze-thaw cycles.

TEST 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 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 dispenser cap. Dispense 2 drops (70-90 µL) into the sample well of the cassette. Do not overload samples.



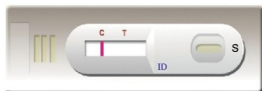
- Step 5: Set up timer.
- Step 6: Results can be read at 5-10 minutes. Positive results may be visible in as short as 1 minute. Negative results must be confirmed at the end of the 10 minutes only. **However, any results interpreted outside 10 minutes should be considered invalid and must be repeated. Discard used device after interpreting the result following local laws 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 sample. If the C line does not develop, review the whole procedure and repeat test with a new device.
- External Control:** Good Laboratory Practice recommends using external controls, positive and negative, to assure the proper performance of the assay, particularly under the following circumstances:
 - A new operator uses the test kit, prior to performing testing of specimens
 - A new lot of test kits is used
 - A new shipment of test kits is used
 - The storage temperature of the kit 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 RESULTS

- NEGATIVE RESULT:** If only the C line develops, the test indicates that the concentration of hHb in the sample is below 50 ng/mL in buffer. The result is negative or non-reactive.



- POSITIVE RESULT:** In addition to presence of the C line, if the T line develops, the test indicates that the concentration of hHb in the sample is equal to or higher than 50 ng/mL in buffer. The result is FOB positive or reactive.



Specimens with positive results should be confirmed with alternative testing method(s) and clinical findings before a diagnostic determination is made.

- INVALID:** If no C line develops, the assay is invalid regardless of color development on the T line as indicated below. Repeat the assay with a new device. **If caused by an excess amount of fecal specimen collected, collect a new specimen and retest.**



PERFORMANCE CHARACTERISTICS

- Sensitivity**
The analytical sensitivity of the test is 50 ng/mL hHb in buffer or 7 µg/g hHb in feces.
- Specificity**
The OnSite FOB Rapid Test is specific for human hemoglobin. The following substances, when spiked in both positive and negative specimens, do not interfere with test results.

1. Chicken Hemoglobin	2 mg/mL	6. Horse Hemoglobin	2 mg/mL
2. Turkey Hemoglobin	2 mg/mL	7. Sheep Hemoglobin	2 mg/mL
3. Pig Hemoglobin	2 mg/mL	8. Fish Hemoglobin	2 mg/mL
4. Beef Hemoglobin	2 mg/mL	9. Rabbit Hemoglobin	2 mg/mL
5. Goat Hemoglobin	2 mg/mL		
- Dose Hook Effect**
The OnSite FOB rapid Test do not show any hook effect or prozone effect up to the concentration of 4 mg/mL hHb in buffer.
- Reproducibility**
Known positive specimens were tested in multiple assay, and identically positive results were observed. Similarly, known negative specimens produced negative results when tested in multiple assay.
- Clinical Performance**
A total of 175 specimens were collected and tested by the OnSite FOB Rapid Test and by a leading commercial iFOB Rapid Test marketed in the USA. Comparison for all specimens is shown in the following table.

Reference Test	OnSite FOB Rapid Test		
	Positive	Negative	Total
Positive	47	1	48
Negative	1	126	127
Total	48	127	175

Relative Sensitivity: 97.9%, Relative Specificity: 99.2%, Overall Agreement: 98.9%

- Interference**
Common substances (such as pain and fever medication, blood components) may affect the performance of the OnSite FOB Rapid Test. This was studied by spiking these substances into negative serum and negative serum samples spiked with two levels of FOB standard controls (negative and positive). The results demonstrate, at the concentrations tested, the substances studied do not affect the performance of the OnSite FOB Rapid Test.

List of potentially interfering substances and concentrations tested:

1. Ascorbic acid	20 mg/dL	4. Dietary iron (Fe ²⁺ /Fe ³⁺)	5 mg/dL
2. Bilirubin	100 mg/dL	5. Glucose	2,000 mg/dL
3. Caffeine	40 mg/dL	6. Horseradish Peroxidase	20 mg/mL

LIMITATIONS OF THE TEST

- The Test Procedure and the Interpretation of Assay Result sections must be followed closely when testing for the presence of occult blood in feces. Failure to follow the procedure may lead to inaccurate results.
- The OnSite FOB Rapid Test is intended for use as an aid in diagnosis and is not intended to replace other diagnostic procedures such as G.I. fibroscope, endoscopy, colonoscopy or X-ray analysis. Test results should not be deemed conclusive with respect to the presence or absence of gastrointestinal bleeding or pathology. A positive result should be followed up with additional diagnostic procedures to determine the exact cause and source for occult blood in feces.
- A negative or non-reactive result can be obtained even when a gastrointestinal disorder is present. For example, some polyps and colorectal cancers may bleed intermittently or not at all during certain stages of the disease. A negative or non-reactive result can also be obtained if the quantity of occult blood present in the specimen is below the detection limit of the assay.
- The OnSite FOB Rapid Test has not been validated for testing of patients with hemoglobinopathies.
- Specimens containing visible blood may produce negative results due to the hook effect.
- The results obtained with this test should only be interpreted in conjunction with other diagnostic procedures and clinical findings.

REFERENCES

- America Cancer Society, Inc. Cancer Reference Information: Can Colon and Rectum Cancer be Found Early? (Online) Available: <http://www.cancer.org>.
- Allison JB, Takawa IS, Ransom LJ, Adrian AL. A comparison of fecal occult blood tests for colorectal –cancer screening. N. Eng. J. Med. 1996; 334:155-159.
- Saito H. Screening for colorectal cancer by immunochemical fecal occult blood testing (Review). Jpn J. Cancer Res 1996; 87:1011-1024.

Index of CE 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		

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