



**OneStep  
HCV  
RapiCard™ InstaTest  
(Serum/Whole Blood/Plasma)**

**REF118773-1-44**



<b>Sensitivity</b>	<b>99.9%</b>
<b>Specificity</b>	<b>99.5%</b>

*A rapid test for the qualitative detection of antibodies to Hepatitis C Virus in serum, whole blood or plasma. For professional in vitro use only.*

**INTENDED USE**

The Cortez Diagnostic, Inc. HCV RapiCard™ (Serum/Whole Blood/Plasma) is a rapid chromatographic immunoassay for the qualitative detection of antibody to Hepatitis C Virus in whole blood, serum or plasma.

**SUMMARY AND EXPLANATION**

Hepatitis C Virus (HCV) is a small, enveloped, positive-sense, single-stranded RNA Virus. HCV is now known to be the major cause of parenterally transmitted non-A, non-B hepatitis. Antibody to HCV is found in over 80% of patients with well-documented non-A, non-B hepatitis. Conventional methods fail to isolate the virus in cell culture or visualize it by electron microscope. Cloning the viral genome has made it possible to develop serologic assays that use recombinant antigens.1, 2 Compared to the first generation HCV EIAs using single recombinant antigen, multiple antigens using recombinant protein and/or synthetic peptides have been added in new serologic tests to avoid nonspecific cross-reactivity and to increase the sensitivity of the HCV antibody tests.3,4 The HCV Rapid Test Cassette (Whole Blood/Serum/Plasma) is a rapid test to qualitatively detect the presence of antibody to HCV in a whole blood, serum or plasma specimen. The test utilizes colloid

gold conjugate and recombinant HCV proteins to selectively detect antibody to HCV in whole blood, serum or plasma. There combinant HCV proteins used in the test kit are encoded by the genes for both structural (nucleocapsid) and non-structural proteins.

**REAGENTS**

The test cassette contains recombinant HCV antigen conjugated colloid gold and HCV antigen coated on the membrane.

**SPECIMEN COLLECTION AND PREPARATION**

- The HCV Rapid Test Cassette (Whole Blood/Serum/Plasma) can be performed using whole blood (from venipuncture or fingerstick), serum or plasma.
- To collect Fingerstick Whole Blood specimens:
  - Wash the patient’s hand with soap and warm water or clean with an alcohol swab. Allow to dry.
  - Massage the hand without touching the puncture site by rubbing down the hand towards the fingertip of the middle or ring finger.
  - Puncture the skin with a sterile lancet. Wipe away the first sign of blood.
  - Gently rub the hand from wrist to palm to finger to form a rounded drop of blood over the puncture site.
- Add the Fingerstick Whole Blood specimen to the test by using a capillary tube:
  - Touch the end of the capillary tube to the blood until filled to approximately 50 µL. Avoid air bubbles.
  - Place the bulb onto the top end of the capillary tube, then squeeze the bulb to dispense the whole blood to the specimen area of the test cassette.
- Add the Fingerstick Whole Blood specimen to the test by using hanging drops:
  - Position the patient’s finger so that the drop of blood is just above the specimen area of the test cassette.
  - Allow 2 hanging drops of fingerstick whole blood to fall into the center of the specimen area on the test cassette, or move the patient’s finger so that the hanging drop touches the center of the specimen area. Avoid touching the finger directly to the specimen area.
- Separate the serum or plasma from blood as soon as possible to avoid hemolysis. Only clear, non-hemolyzed specimens can be used.
- Testing should be performed immediately after the specimens have been collected. Do not leave the specimens at room

temperature for prolonged periods. Serum and plasma specimens may be stored at 2-8°C for up to 3 days. For long term storage, specimens should be kept below 20°C. Whole blood collected by venipuncture should be stored at 2-8°C if the test is to be run within 2 days of collection. Do not freeze whole blood specimens. Whole blood collected by fingerstick should be tested immediately.

- Bring specimens to room temperature prior to testing. Frozen specimens must be completely thawed and mixed well prior to testing. Specimens should not be frozen and thawed repeatedly.
- If specimens are to be shipped, they should be packed in compliance with federal regulations for transportation of etiologic agents.

**MATERIALS PROVIDED**

- Test cassettes
- Droppers
- Buffer
- Package insert

**MATERIALS REQUIRED BUT NOT PROVIDED**

- Specimen collection containers
- Lancets (for fingerstick whole blood only)
- Heparinized capillary tubes and dispensing bulb (for fingerstick whole blood only)
- Centrifuge (for plasma only)
- Timer

**PRECAUTION**

- For professional in vitro use only. Do not use after expiration date.
- 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 the procedure 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.
- Humidity and temperature can adversely affect results.

**ASSAY PROCEDURE**

Allow test cassette, specimen, and/or controls to equilibrate to room temperature (15-30°C) prior to testing.  
1. Bring the pouch to room temperature before opening it. Remove

the test cassette from the sealed pouch and use it as soon as possible. Best results will be obtained if the assay is performed within one hour.

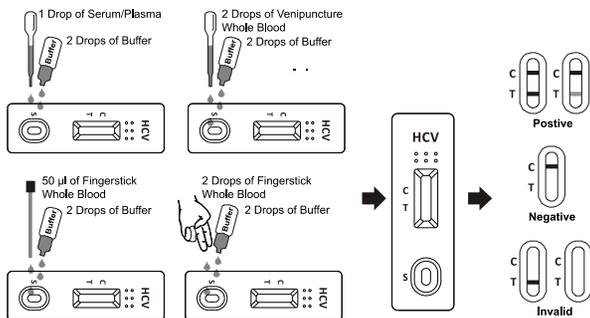
2. Place the cassette on a clean and level surface.

**For Serum or Plasma specimen:** Hold the dropper vertically and transfer **1 drop of serum or plasma** (approximately 25  $\mu$ L) to the specimen area, then **add 2 drops of buffer** (approximately 80  $\mu$ L), and start the timer, see illustration below. Wait for the colored line(s) to appear. The test result should be read at 10 minutes. Do not interpret the results after 20 minutes.

**For Venipuncture Whole Blood specimen:** Hold the dropper vertically and transfer 2 drops of whole blood (approximately 50  $\mu$ L) to the specimen area, then add 2 drops of buffer (approximately 80  $\mu$ L), and start the timer. See illustration below.

**For Fingerstick Whole Blood specimen:**

- To use a capillary tube: Fill the capillary tube and transfer approximately 50  $\mu$ L of fingerstick whole blood specimen to the specimen area of test cassette, then add 2 drops of buffer (approximately 80  $\mu$ L) and start the timer. See illustration below.
  - To use hanging drops: Allow 2 hanging drops of fingerstick whole blood specimen (approximately 50  $\mu$ L) to fall into the specimen area of test cassette, then add 2 drops of buffer (approximately 80  $\mu$ L) and start the timer. See illustration below.
3. Wait for the colored line(s) to appear. The test result should be read at 10 minutes. Do not interpret the result after **20 minutes**.



## RESULTS

(Please refer to the illustration above)

**POSITIVE:** \* Two distinct colored lines appear. One color line should be in the control region (C) and another color line should be in the test region (T).

**\*NOTE:** The intensity of the color in the test line region (T) will vary depending on the concentration of HCV antibodies present in the specimen. Therefore, any shade of red in the test region should be considered positive.

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

**INVALID:** Control line fails to appear. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line failure. Review the procedure and repeat the test with a new test cassette. If the problem persists, discontinue using the test kit immediately and contact your local distributor.

## QUALITY CONTROL

Internal procedural controls are included in the test. A color line appearing in the control region (C) is an internal positive 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.

## LIMITATIONS OF PROCEDURE

- The HCV RapiCard™ (Serum/Plasma/Whole Blood) is for in vitro use only. This test should be used for the detection of antibodies to HCV in whole blood, serum or plasma specimen.
- The HCV RapiCard™ (Serum/Plasma/Whole Blood) will only indicate the presence of antibodies to HCV in the specimen and should not be used as the sole criteria for the diagnosis of Hepatitis C viral infection.
- As with all diagnostic tests, all results must be considered with other clinical information available to the physician.
- If the test result is negative and clinical symptoms persist, additional follow-up testing using other clinical methods is recommended. A negative result at any time does not preclude the possibility of Hepatitis C Virus infection.

## EXPECTED VALUES

The HCV RapiCard™ (Serum/Plasma/Whole Blood) has been compared with a leading commercial HCV EIA test. The correlation between these two systems is 99%.

## STORAGE

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.

## PERFORMANCE CHARACTERISTICS

### Sensitivity and Specificity

The recombinant antigen used for the HCV RapiCard™ (Serum/Plasma/Whole Blood) is encoded by genes for both structural (nucleocapsid) and non-structural proteins. The HCV RapiCard™ (Serum/Plasma) has passed a seroconversion panel and compared with a leading commercial HCV EIA test using clinical specimens.

The results show that the relative sensitivity of the HCV RapiCard™ (Serum/Plasma/Whole Blood) is 99.9%, and the relative specificity is 99.5%.

Method	EIA		Total Result
	Results		
HCV RapiCard™ (Serum/Plasma/Whole Blood)	Positive	187	190
	Negative	0	603
Total Result		187	793

Relative sensitivity: 99.9% (95%CI:\*98.4%-100%)

Relative specificity: 99.5% (95%CI:\*98.6%-99.9%)

Accuracy: 99.6% (95%CI:\*98.9%-100%)

\*Confidence Intervals

### Precision

#### Intra-Assay

Within-run precision has been determined by using 20 replicates of three specimens: a negative, a HCV low titer positive and a HCV high titer positive. The negative, HCV low titer positive and HCV high titer positive values were correctly identified 100% of the time.

#### Inter-Assay

Between-run precision has been determined by 20 independent assays on the same three specimens: a negative, a HCV low titer positive and a HCV high titer positive. Three different lots of the HCV RapiCard™ (Serum/Plasma/Whole Blood) have been tested over a 3 month period using negative, HCV low titer positive and HCV high titer positive specimens. The specimens were correctly identified 100% of the time.

**Cross-reactivity**

The HCV RapiCard™ (Serum/Plasma/Whole Blood) has been tested by HAMA, RF, HBsAg, HBsAb, HBeAg, HBeAb, HBcAb, Syphilis, HIV, H. Pylori, MONO, CMV, Rubella and TOXO positive specimens. The results showed no cross-reactivity.

**Interfering Substances**

The following potentially interfering substances were added to HCV negative and positive specimens.

Acetaminophen: 20 mg/dL	Caffeine: 20 mg/dL
Acetylsalicylic Acid: 20 mg/dL	Gentisic Acid: 20mg/dL
Ascorbic Acid: 2g/dL	Albumin: 2 g/dL
Creatin: 200 mg/dL	Hemoglobin 1000mg/dL
Bilirubin: 1g/dL	Oxalic Acid: 60mg/dL

None of the substances at the concentration tested interfered in the assay.

**REFERENCE**

1. Choo, Q.L., G. Kuo, A.J. Weiner, L.R. Overby, D.W. Bradley, and M. Houghton. Isolation of a cDNA clone derived from a blood-borne non-A, non-B viral hepatitis genome. *Science* 1989; 244:359
2. Kuo, G., Q.L. Choo, H.J. Alter, and M. Houghton. An assay for circulating antibodies to a major etiologic Virus of human non-A, non-B hepatitis. *Science* 1989; 244:362
3. Van der Poel, C. L., H.T.M. Cuypers, H.W. Reesink, and P.N.Lelie. Confirmation of hepatitis C Virus infection by new four-antigen recombinant immunoblot assay. *Lancet* 1991; 337:317
4. Wilber, J.C. Development and use of laboratory tests for hepatitis C infection: a review. *J. Clin. Immunoassay* 1993; 16:204

<p>ISO 13485 ISO 9001</p>  <p><b>Diagnostic Automation/ Cortez Diagnostics, Inc.</b> 21250 Califa St, Suite 102 and 116, Woodland Hills, California 91367 USA</p>	
Date Adopted	2018-01-15
REF 118773-1-44	CORTEZ- OneStep HCV RapiCard™ InstaTest (Serum/Plasma)
Revision Date: 2016-07-14 For Export Only	