

GB's - RPR (Carbon antigen)

KIT NAME	KIT SIZE	CAT. NO
GB's RPR	50 Tests	SRPR00050T
GB's RPR	100 Tests	SRPR00100T
GB's RPR	500 Tests	SRPR00500T



INTRODUCTION

Syphilis is a chronic, contagious venereal disease caused by *Treponema pallidum*. After infection, Two main types of antibodies are produced in the host i) Reagin antibodies ii) Troponemal antibodies. Reagin antibodies are produced more rapidly than Treponemal antibodies, Serological testing for the diagnosis of Syphilis is based on the detection of Reagin type of antibodies using cardiolipin antigen.

METHOD PRINCIPLE

Carbon Antigen on addition to the specimen on the test circle of the disposable card reacts with the regain antibodies present in the specimen to produce agglutination.

KIT CONTENTS

Reagent Name	SRPR00050T	SRPR00100T	SRPR00500T
R1 RPR Reagent	1 vial	1 vial	1 vial
R2 Positive Control	1 vial	1 vial	1 vial
R3 Negative Control	1 vial	1 vial	1 vial

WORKING REAGENT PREPARATION AND STABILITY

1. Store the reagent at 2-8°C. DO NOT FREEZE.
2. The shelf life of the reagent is as per the expiry date mentioned on the reagent vial labels.

SPECIMEN

Avoid exposure to elevated temperatures and air, as the reagents is highly sensitive to denaturation and drying.

MATERIAL PROVIDED WITH THE KIT

Accessories: Slide, Plastic Droppers, Mixing sticks.

ADDITIONAL MATERIAL REQUIRED

Stop watch, high intensity to room temperature before testing.

NOTES:

1. In vitro diagnostic reagent for laboratory and professional use only. Not for medicinal use.
2. The reagents contain Sodium azide 0.1% as preservative. Avoid contact with skin and mucosa. On disposal flush with large quantities of water
3. Carbon Antigen should be gently but thoroughly mixed before testing to disperse the carbon particles uniformly and improve test readability.
4. Performance of the reagent must be verified with positive and negative controls and it is recommended that controls be run with each test series.
5. Accessories provided with the kit only must be used for optimum results.

SAMPLE COLLECTION AND STORAGE

1. Hemolysed Or Lipemic Samples Are Not Suitable For Testing.
2. Samples not tested immediately may be sorted at 2-8°C for upto 48 hours.
3. Hazy samples should be centrifuged. Use clear supernatant for testing.
4. Fresh serum or plasma should be used for testing.

PROCEDURE

Bring reagent and samples to room temperature before testing. Thoroughly mix the RPR reagent suspension by gentle agitation before testing.

QUALITATIVE METHOD

1. Place one drop of the test sample, positive and negative controls onto separate reaction circles of the disposable slide using a sample dispensing pipette.
2. Add one drop of well mixed Carbon Antigen next to the test dropper provided with the kit. Do not let the dropper tip touch the liquid on the slide.
3. Using a mixing stick, mix the test sample and the carbon Antigen thoroughly spreading uniformly over the entire reaction circle.
4. Immediately start a stop watch, Rotate the slide gently and continuously either manually or on a mechanical rotor at 180 r.p.m.
5. Observe for agglutination macroscopically at 8 minutes.

SEMI-QUANTITATIVE METHOD

1. Using saline prepare serial dilutions of the test sample positive in the qualitative method 1:2, 1:4, 1:8, 1:16, 1:32, 1:64, 1:128 and so on.
2. Perform the qualitative test procedure using each dilution as test specimen.
3. The titre is reported as the reciprocal of the highest dilution which shows as positive test result.

INTERPRETATION OF TEST RESULTS.

Quantitative Method

1. Large and Medium black agglutinates against white background : **Reactive**
2. Small black agglutinates against white background: **Weakly Reactive**
3. No agglutinates, even grey Background: **Non- Reactive**

Agglutination is a positive test result and indicates the presence of Reagin antibodies in the test sample.

No agglutination is a negative test result and indicates the absence of regain antibodies sin the test sample.

Quantitative Method:

The titre of Reagin antibodies is the highest dilution of the test sample giving a positive test result.

REMARKS:

1. Quantitative procedure must be performed to determine the response to treatment and detect reinfection.
2. False positive reactions occur nor infrequently and have been attributed to a variety of acute and chronic conditions.
3. In the absence of supporting clinical historical or epidemiological evidence, reactive result must be confirmed with more specific Treponemal tests.
4. It is strongly recommended that results of the test should be correlated with clinical findings to arrive at the final diagnosis. covers an exceptionally board incremental rang up to 3000 times.
5. Dispose all used and contaminated material as per Standard Biohazard Safety guidelines.
6. The Reagent dropper provided for dispensing the RPR / Carbon Antigen should be thoroughly cleaned with distilled water and air dried after use, to ensure that it does not contaminate the reagent during subsequent use.
7. Very slight roughness should be interpreted as a negative test result.

LITERATURE

1. Pang Born, Mary C, isolation and Purification of serologically active phospholipids from Beef heart, J. Biol. Chem., 1974: 143:247.
2. J. Veneral Disease inform., 1946, 27, 169.
3. Mc. Grew B.e. et al., American journal of Clinical pathology, 1968: 50: 52



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