WHO Prequalification of In Vitro Diagnostics PUBLIC REPORT

Product: parascreen - Rapid test for Malaria Pan/Pf WHO reference number: PQDx 0291-025-00

The parascreen - Rapid test for Malaria Pan/Pf with product codes 503030010, 503030025, 503030050, and 503030100, manufactured by Zephyr Biomedicals – A Division of Tulip Diagnostics (P) Ltd., CE-mark, was accepted for the WHO list of prequalified in vitro diagnostics and was listed on 03 June 2020.

Summary of WHO prequalification assessment for parascreen - Rapid test for Malaria Pan/Pf

	Date	Outcome
Prequalification listing	3 June 2020	listed
Dossier assessment	21 January 2020	MR
Site inspection(s) of the	21-25 January 2019	MR
quality management system		
Product performance	2018	MR
evaluation		

MR: Meets Requirements

Report amendments or product changes

This public report has since been amended. Amendments may have arisen because of changes to the prequalified product for which WHO has been notified and has undertaken a review. Amendments to the report are summarized in the following table, and details of each amendment are provided below.

Version	Summary of amendment	Date of report
		amendment
2.0	1. Change of storage conditions of the product from 4 - 30 °C to 4 - 40 °C.	11 July 2022
	 Change in use of specimen applicator from sample loops to Inverted cups. Change in use of lancets from stainless steel sterile blood lancets to blood lancet plastic (twist off). Updates on the status of commitments to prequalification. 	

Intended use

According to the claim of intended use from Zephyr Biomedicals — A Division of Tulip Diagnostics (P) Ltd., "parascreen [- Rapid test for Malaria Pan/Pf] is a rapid, qualitative, two site sandwich immunoassay utilizing capillary and venous whole blood specimens of symptomatic patients for the detection of P.falciparum specific histidine rich protein-2 (Pf. HRP-2) and Plasmodium Lactate Dehydrogenase (pLDH) antigens produced by P.falciparum, P.vivax, P.ovale, and P.malariae species. It is used in the diagnosis of malaria for differentiation of P.falciparum and other malaria species. parascreen [- Rapid test for Malaria Pan/Pf] is intended to be used by trained healthcare or laboratory professionals or other health care workers who have received appropriate training. This product can be used by trained lay providers operating at point-of-care in resource-limited settings. This product is not intended for self-testing, and it is not for blood donor screening. The test is not automated; it needs to be performed and interpreted manually by the user".

Assay description

According to the claim of assay description from Zephyr Biomedicals – A Division of Tulip Diagnostics (P) Ltd., "parascreen [- Rapid test for Malaria Pan/Pf] utilizes the principle of agglutination of antibodies/ antisera with respective antigen in immuno-chromatography format along with use of nano gold particles as agglutination revealing agent. As the test specimen flows through the membrane assembly of the device after addition of the clearing buffer, the colored colloidal gold conjugates of the Agglutinating sera for HRP-2 / Agglutinating sera for Pan malaria specific pLDH - colloidal gold conjugate complexes the proteins in the lysed specimen. This complex moves further on the membrane to the test region where it is immobilised by the Agglutinating sera for HRP-2 / Agglutinating sera for Pan malaria specific pLDH coated on the membrane leading to formation of pink-purple colored band/s which confirms a positive test result. Absence of this colored band/s in the test region indicates a negative test result. The unreacted conjugate along with the rabbit globulin-colloidal gold conjugate and unbound complex if any, move further on the membrane and are subsequently immobilised by Agglutinating sera for rabbit globulin coated on the membrane at the control region, forming a pink-purple band. The control band formation is based on the 'Rabbit / Agglutinating sera for Rabbit globulin' system. Since it is completely independent of the analyte detection system, it facilitates formation of consistent control band signal independent of the analyte concentration. This control band serves to validate the test performance."

Test kit contents

Component	10 tests (product code 503030010)	25 tests (product code 503030025)	50 tests (product code 503030050)	100 tests (product code 503030100)
Pouch sealed	10	25	50	100
test with				
dessicant and				
specimen				
transfer device				
Assay buffer	01 bottle (total	01 bottle (total	02 bottles (total	04 bottles
bottle(s)	volume 3.0 ml)	volume 4.0 ml)	volume 8.0 ml)	(total volume
				16.0 ml)
Alcohol swabs	10	25	50	100
Sterile lancets	10	25	50	100
Instructions for	01	01	01	01
use				
Pictorial	01	01	01	01
instructions for				
use				

Items required but not provided

Item	Description
Consumables:	
Disposable micropipette tips	NA
Venipuncture blood collection kit	
Additional alcohol swabs	
Additional sterile lancets	
Durables:	
Biohazard waste container	NA
Equipment:	
Calibrated micropipette	Micropipette should be
Timer	capable of delivering 5µl
	of specimen

Storage

The test kit should be stored at 4 to 40°C.

Shelf-life upon manufacture

24 months.

Warnings/limitations

Refer to the current version of the manufacturer's instructions for use.

Prioritization for prequalification

Based on the established criteria for acceptance in the WHO product testing of malaria RDTs Round 8¹, parascreen - Rapid test for Malaria Pan/Pf was given priority for WHO prequalification assessment.

Dossier assessment

Zephyr Biomedicals – A Division of Tulip Diagnostics (P) Ltd. submitted a product dossier for parascreen - Rapid test for Malaria Pan/Pf as per the "Instructions for compilation of a product dossier" (PQDx 018 version 3). The information (data and documentation) submitted in the product dossier was reviewed by WHO staff and external technical experts (assessors) appointed by WHO.

The manufacturer's responses to the nonconformities found during dossier screening and assessment findings were accepted on 20 January 2020.

Commitments for prequalification

- The manufacturer will submit by 30 June 2020 an additional study investigating the potential interference of certain substances as per WHO document TSS-3. The manufacturer submitted the additional study, and it is under review.
- 2. The manufacturer will submit by 30 June 2020 an additional study investigating the potential cross-reactivity of certain substances as per WHO document TSS-3. The manufacturer submitted the additional study, and it is under review.

The manufacturer submitted a timeline for submitting the commitments for prequalification. WHO accepted on 9 March 2020 the proposed timeline.

Based on the product dossier screening and assessment findings, the product dossier for parascreen - Rapid test for Malaria Pan/Pf meets WHO prequalification requirements.

https://www.who.int/malaria/publications/atoz/9789241514965/en/

Manufacturing site inspection

An inspection of **Zephyr Biomedicals** – **A Division of Tulip Diagnostics (P) Ltd.** located at *M46-47, Phase III B, Verna, Goa, 403722, India,* was conducted between 21-25 January 2019. At the time of considering the product application for Prequalification, the Manufacturer of the product had a well-established quality management system and manufacturing practices in place that would support the manufacture of the product of consistent quality. Routine inspections of the Manufacturer will be conducted with copies of these WHO Public Inspection Reports (WHOPIRs) published on the WHO Prequalification web page as per Resolution WHA57.14 of the World Health Assembly. To note that a WHOPIR reflects the information on the most current inspection performed at a manufacturing site for in vitro diagnostic products and gives a summary of the inspection findings,

Information on the most current inspection can be found at:

https://extranet.who.int/pqweb/inspection-services/prequalification-reports/whopirs-vitro-diagnostics

All published WHOPIRs are with the agreement of the manufacturer.

Product performance evaluation

parascreen - Rapid test for Malaria Pan/Pf was evaluated in the eighth² round of WHO product testing of RDTs for malaria antigen detection, which was completed in 2018.

parascreen - Rapid test for Malaria Pan/Pf was evaluated against a *Plasmodium falciparum* cultured line panel, *P. falciparum wild type* parasite panel, *P. vivax* wild type parasite panel, and a *P. falciparum* and *P.vivax* negative panel.

https://www.who.int/malaria/publications/atoz/9789241514965/en/

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Performance characteristics				
	P. falciparum	P. vivax		
Panel detection score at 200 parasites/µL (N=100)	91	94.3		
False positive results % (N= 208)	0.5			
Invalid rate % (N= 1210)	0			
Inter-reader variability %*	Not applicable			
Lowest concentration of HRP2/pLDH was detected using the 1 st WHO International standard for Pf antigens (NIBSC code: 16/376)*	Not applicable			

^{*} Not applicable for assays evaluated in WHO product testing of RDTs for malaria antigen detection

Operational characteristics and ease of use

This assay does not require laboratory equipment and can be performed in laboratories with limited facilities or in non-laboratory settings.

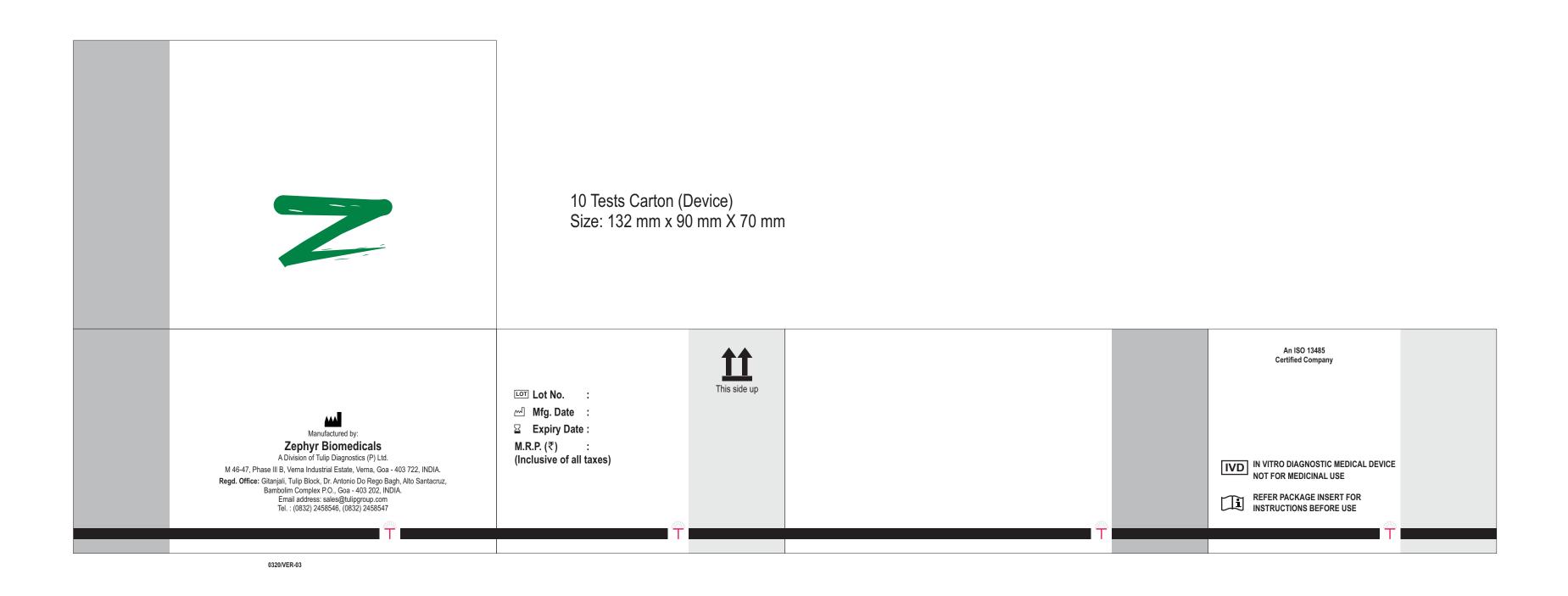
Key operational characteristics	
Number of steps*	2 steps in total
Time to result	20 minutes
Endpoint stability (interval)	10 minutes (the test can be read between 20 and 30 minutes after the addition of diluent)
Internal QC	The test has an internal control line. The presence of the control line indicates that migration of liquid has occurred; however, it does not guarantee that the correct specimen type or volume was added or that the test procedure was followed correctly.

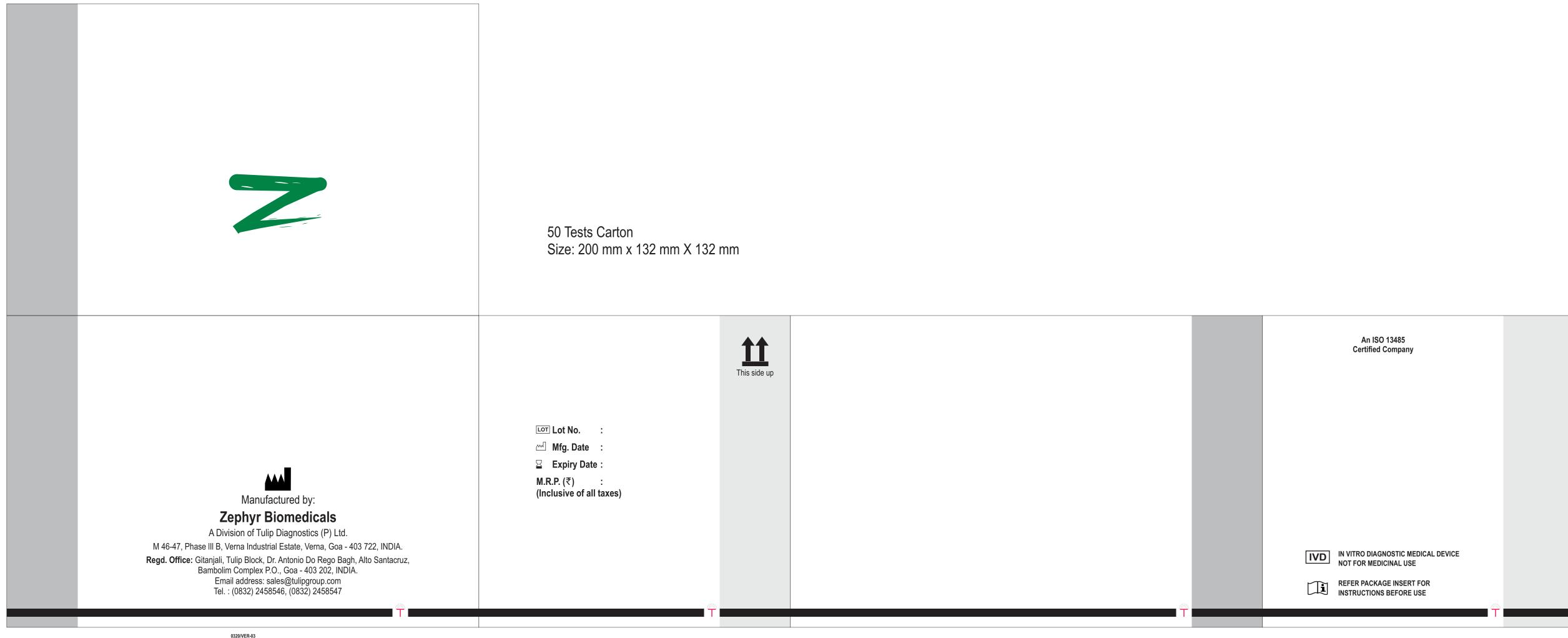
^{*} Definition: each action required to obtain a result (excluding specimen collection, device preparation – opening the pouch), e.g., for RDTs: add specimen, add buffer (2 steps).

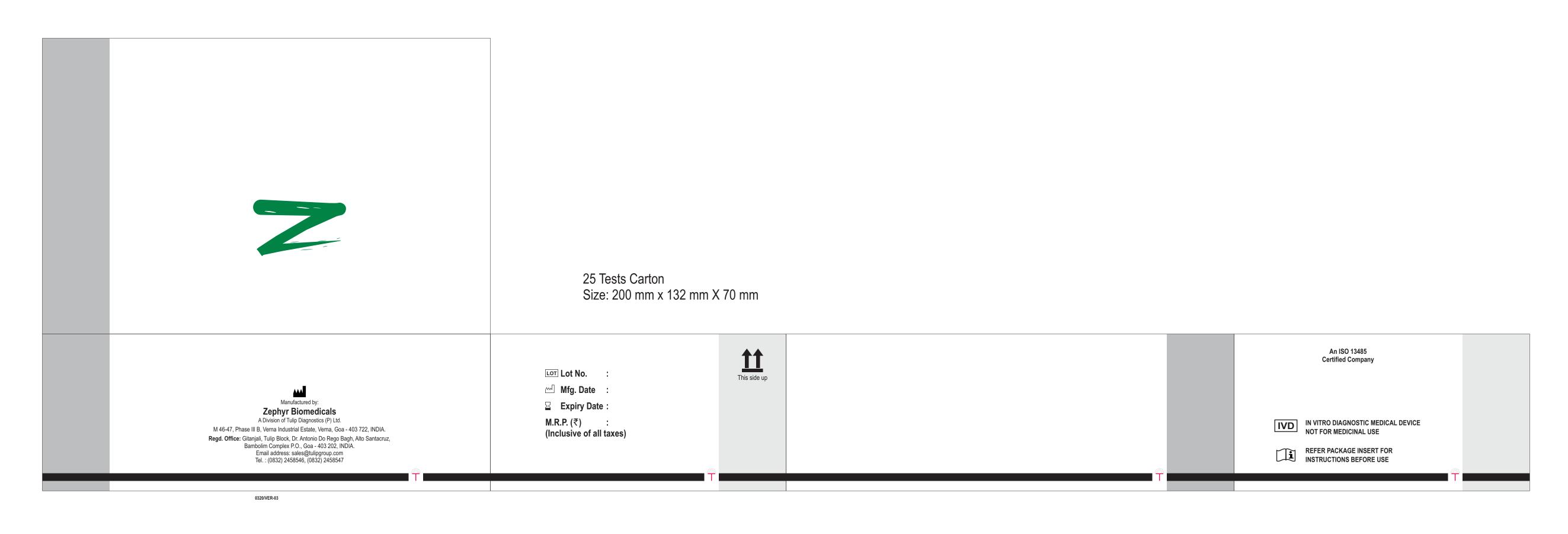
Labelling

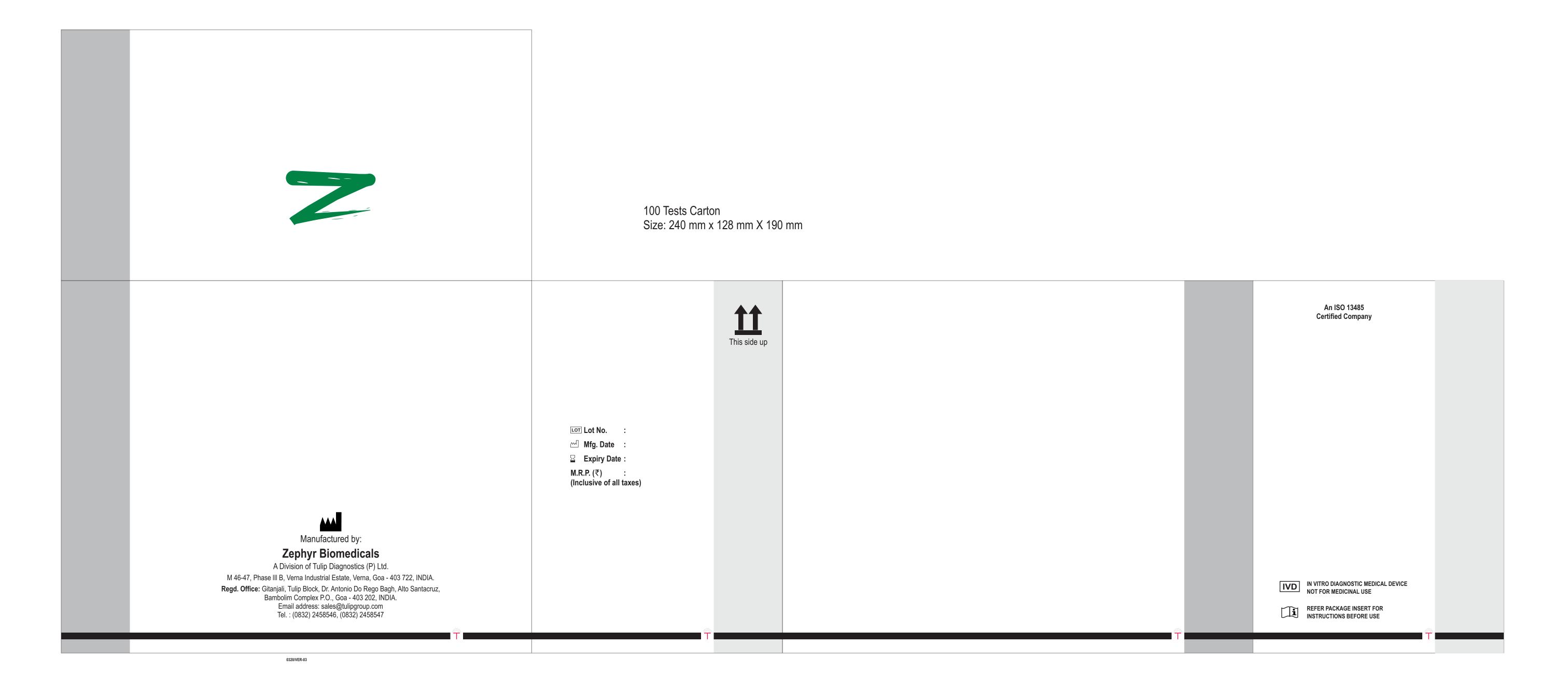
- 1. Labels
- 2. Instructions for use

1. Labels



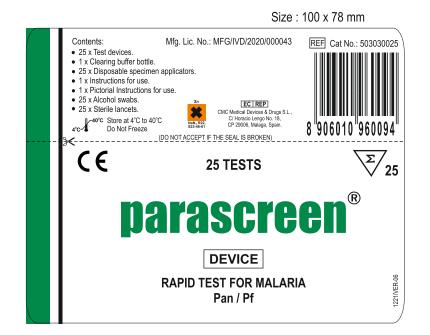






Size: 100 x 78 mm

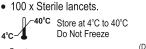




Size: 125 x 90 mm



Mfg. Lic. No.: MFG/IVD/2020/000043 REF Cat No.: 503030100 • 100 x Disposable specimen applicators.





CMC Medical Devices & Drugs S.L., C/ Horacio Lengo No. 18, CP 29006, Malaga, Spain.

(DO NOT ACCEPT IF THE SEAL IS BROKEN)



Contents:

• 100 x Test devices. • 4 x Clearing buffer bottles.

• 1 x Instructions for use. 1 x Pictorial Instructions for use. • 100 x Alcohol swabs.

100 TESTS



Size: 150 x 120 mm



DEVICE

RAPID TEST FOR MALARIA Pan / Pf

70 x 18 mm



Size: 65 x 125 mm Size: 65 x 125 mm

parascreen

DEVICE

RAPID TEST FOR MALARIA Pan / Pf

CONTAINS ONE MEMBRANE TEST ASSEMBLY WITH DESICCANT AND SPECIMEN APPLICATOR

IVD

IN VITRO DIAGNOSTIC MEDICAL DEVICE NOT FOR MEDICINAL USE

(2)

FOR SINGLE USE ONLY. DO NOT REUSE



STORE BETWEEN 4°C TO 40°C



REFER INSTRUCTIONS FOR USE



Manufactured by:



Zephyr Biomedicals
A Division of Tulip Diagnostics (P) Ltd.
M 46-47, Phase III B, Verna Industrial Estate, Verna, Goa - 403 722, INDIA. Regd. Office: Glanjall, Tulip Block, Dr. Antonio Do Rep Bagh, Alto Santaruz, Bambolim Complex PO., Goa - 403 202, INDIA.
Email address: sales@tulipgroup.com Tel.: (0832) 2458546, (0832) 2458547

EC REP

CMC Medical Devices & Drugs S.L., Spain.

Mfg. Lic. No.: MFG/IVD/2020/000043

Lot No.

2. Instructions for use and pictorial package insert³

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³ English version of the IFU was the one that was assessed by WHO. It is the responsibility of the manufacturer to ensure correct translation into other languages.

REF | 503030010 | 503030025 | 503030050 | 503030100

RAPID TEST FOR MALARIA Pan/Pf DEVICE

INTENDED USE

Darascreen is a rapid, qualitative, two site sandwich immunoassay utilizing capillary and venous whole blood specimens of symptomatic patients for the detection of *P. falciparum* specific histidine rich protein-2 (Pf. HRP-2) and Plasmodium Lactate Dehydrogenase (pLDH) antigens produced by *P. falciparum*, *P. vivax*, *P. ovale* and *P. malariae* species. It is used in the diagnosis of malaria for differentiation of *P. falciparum* and other malaria species.

parascreen is intended to be used by trained healthcare or laboratory professionals or other health care workers who have received appropriate training. This product can be used by trained lay providers operating at point-of-care in resource-limited settings. This product is not intended for self-testing and it is not for blood donor screening. The test is not automated; it needs to be performed and interpreted manually by the user.

SHMMADA

Four species of the Plasmodium parasites are responsible for malaria infections in human viz. *P. falciparum, P.vivax, P.ovale* and *P.malariae*. Of these, *P. falciparum* and *P.vivax* are the most prevalent. Early detection and differentiation of malaria is of utmost importance due to incidence of cerebral malaria and drug resistance associated with falciparum malaria and due to the morbidity associated with the other malarial forms.

parascreen® detects the presence of Pan malaria specific pLDH released from parasitised blood cells, for the detection of all malarial parasites. Whereas, for the detection of *P. falciparum* malaria, **parascreen**® utilises the detection of *P. falciparum* specific histidine rich protein-2 (Pf. HRP-2) which is a water soluble protein that is released from parasitised red blood cells of infected individuals. In the absence of *P. falciparum* specific Pf. HRP-2, the presence of Pan malaria specific band points to the presence of other malarial species such as *P. vivax*, *P. ovale* or *P. malariae*. Speciation is done and results inferred in the context of prevalence rates of the malarial species prevalent in the particular region.

PRINCIPI F

Darascreen utilizes the principle of agglutination of antibodies/ antisera with respective antigen in immuno-chromatography format along with use of nano gold particles as agglutination revealing agent. As the test specimen flows through the membrane assembly of the device after addition of the clearing buffer, the colored colloidal gold conjugates of the Agglutinating sera for HRP-2 / Agglutinating sera for Pan malaria specific pLDH - colloidal gold conjugate complexes the proteins in the lysed specimen. This complex moves further on the membrane to the test region where it is immobilised by the Agglutinating sera for HRP-2 / Agglutinating sera for Pan malaria specific pLDH coated on the membrane leading to formation of pink-purple colored band/s which confirms a positive test result. Absence of this colored band/s in the test region indicates a negative test result.

The unreacted conjugate along with the rabbit globulin-colloidal gold conjugate and unbound complex if any, move further on the membrane and are subsequently immobilised by Agglutinating sera for rabbit globulin coated on the membrane at the control region, forming a pink-purple band. The control band formation is based on the 'Rabbit / Agglutinating sera for Rabbit globulin' system. Since it is completely independent of the analyte detection system, it facilitates formation of consistent control band signal independent of the analyte concentration. This control band serves to validate the test performance.

REAGENTS AND MATERIALS SUPPLIED

parascreen® kit contains:

- A. Individual pouches, each containing:
 - 1. DEVICE Test Device: Membrane assembly pre-dispensed with Agglutinating sera for HRP-2 colloidal gold conjugate, Agglutinating sera for Pan malaria specific pLDH colloidal gold conjugate, rabbit globulin-colloidal gold conjugate, Agglutinating sera for HRP-2, Agglutinating sera for Pan malaria specific pLDH and Agglutinating sera for rabbit globulin at the respective regions.
 - Desiccant pouch.
 - 3. PIPETTE Disposable Plastic Specimen Applicator.
- B. Buf Clearing Buffer in a dropper bottle.
- C. Instructions for use.
- D. Pictorial instructions for use.
- E. Alcohol swabs 70% Isopropyl alcohol
- F. Sterile lancets.

Product codes REF	503030010	503030025	503030050	503030100
Pouch sealed tests	10	25	50	100
Clearing buffer bottles	01 x 3.0ml	01 x 4.0ml	02 x 4.0ml	04 x 4.0ml
Alcohol swabs	10	25	50	100
Sterile lancets	10	25	50	100
Instructions for use	01	01	01	01
Pictorial instructions for use	01	01	01	01

MATERIALS REQUIRED BUT NOT PROVIDED

 $Calibrated\ micropipette\ capable\ of\ delivering\ 5\mu I\ specimen\ accurately,\ disposable\ micropipette\ tips.$

Permanent marker Pen/pencil, disposable gloves, timer.

Biosafety sharps container and Biohazard waste container (for potentially infectious waste).

Venipuncture blood collection kit (if whole blood is collected by venepuncture).

Additional alcohol swabs (if any included in the kit are found dry) and additional sterile lancets (if any included in the kit have the sterility seal broken).

STORAGE AND STABILITY

The sealed pouches in the test kit & 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. After first opening of the clearing buffer bottle, it can be stored between 4°C to 40°C for the remaining duration of its shelf life.

WARNINGS

Read the instructions carefully before performing the test.

For in vitro diagnostic use only. NOT FOR MEDICINAL USE. For professional use.

The test is for aiding in diagnosis of malaria infection and not for screening which requires confirmation.

Do not use beyond expiry date

Do not use components from different lots of the product.

The device, specimen applicator, alcohol swab and blood lancet are for single use only.

Contact with the contents of desiccant pouch containing, among other substances, cobalt chloride (CAS#7646-79-9) should be kept to a minimum. Inhalation / swallowing may cause harm.

Handle all specimens as potentially infectious.

Follow standard biosafety guidelines for handling and disposal of potentially infectious material.

Clearing buffer contains Sodium Azide(0.1%), avoid skin contact with this reagent. Azide may react with lead and copper in the plumbing system and form highly explosive metal oxides. Flush with large volumes of water to prevent azide build up in the plumbing.

SPECIMEN COLLECTION AND PREPARATION

For specimen collection, refer to pictorial instructions for use.

Fresh capillary/venous wholeblood from finger prick / puncture should be used as a test specimen. However, fresh anti-coagulated venous whole blood may also be used as a test specimen. Using standard blood collection practices, collect venous whole blood into the commercially available anti-coagulant tube such as EDTA or CPDA or Heparin or Oxalate or Tri-sodium Citrate. If immediate testing is not possible then the specimen may be stored at 2°C to 8°C for upto 72 hours before testing and should be brought to room temperature (20°C to 30°C) before use on the test. Clotted, hemolysed or lipaemic whole blood specimens should not be used for performing the test.

TESTING PROCEDURE AND INTERPRETATION OF RESULTS

- 1. Bring the **parascreen**® kit components to room temperature (20°C to 30°C) before testing.
- 2. Open the pouch and retrieve the device, specimen applicator and desiccant pouch. Check the color of the desiccant. It should be blue, if it has turned colorless or pink, discard the device and use another device. Once opened, the device must be used immediately.
- 3. Label the test device with patient identifier.
- 4. Place the testing device on a flat horizontal surface.
- 5. Tighten the cap of the clearing buffer bottle provided with the kit in the clockwise direction to pierce the buffer bottle nozzle.

6. Specimen application

- 6.1 Venous whole blood: Evenly mix the anti-coagulated whole blood by gentle swirling. Dip the specimen applicator into the whole blood. Ensuring that an applicator full of blood is retrieved, immediately blot the blood so collected in the specimen port 'A'(This delivers approximately 5µl of the whole blood specimen). Alternatively, 5µl of the anti-coagulated venous whole blood specimen may be delivered in the specimen port 'A' using a micropipette.
- 6.2 Capillary whole blood: Touch the specimen applicator to the whole blood on the finger prick. Ensuring that an applicator full of blood is retrieved, immediately blot the blood so collected in the specimen port 'A'(Care should be taken that whole blood specimen is not clotted and transfer to the specimen port is immediate). Alternatively, 5µl of the capillary finger-prick whole blood specimen may be delivered in the specimen port 'A' using a micropipette.

Note: Ensure that the whole blood from the specimen applicator has been completely taken up at the specimen port 'A'.

- 7. Immediately dispense **two drops** of clearing buffer into buffer port 'B' holding the buffer bottle vertically and switch on the timer. To avoid contamination of clearing buffer bottle, do not touch the buffer port 'B' with the tip of clearing buffer bottle.
- 8. Read the results at the end of 20 minutes as follows:

C	Ţ	A	O _B
Pan C	Pf T	□ A	© B
Pan	Pf T	_ A	O _B

 $\textbf{NEGATIVE for malaria:} \ Only \ one \ pink-purple \ band \ appears \ in \ the \ control \ window \ 'C'.$

POSITIVE for *P. falciparum*: In addition to the control band, two pink-purple bands appear at regions 'Pf' and 'Pan' in the test window 'T'.

OR

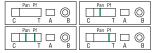
In addition to the control band, a pink purple band appearant up to spink purple band appearant to the control band.

In addition to the control band, a pink-purple band appear only at region 'Pf' in the test window 'T'.

Appearance of coloured bands of any intensity (faint to dark) at 'Pf' and/or 'Pan' should be considered as positive result for *P. falciparum*.

POSITIVE for Mixed infection (*P. falciparum* and *P. vivax* or *P. malariae* or *P. ovale*): In addition to the control band, two pink-purple bands appear at regions 'Pf and 'Pan' in the test window 'T'. Appearance of coloured bands of any intensity (faint to dark) at 'Pf' and 'Pan' should be considered as positive result for Mixed infection.

POSITIVE for Other species (non falciparum): In addition to the control band, one pink-purple band appears only at region 'Pan' in the test window 'T'. Appearance of a coloured band of any intensity (faint to dark) at 'Pan' should be considered as positive result *P. vivax* or *P. malariae* or *P. ovale* malaria.



INVALID RESULT: The test should be considered invalid if no bands appear on the device. The test should also be considered invalid if only test bands (Pan and/or Pf) appear and no control band appears. Repeat the test with a new device ensuring that the test procedure has been followed accurately.

CAUTION: Do not read results after 30 minutes as it may show erroneous results.

PERFORMANCE CHARACTERISTICS

A. Analytical Performance Study

A1. Potentially interfering exogenous and endogenous substances:

The following Potentially interfering substances have no impact on test results of parascreen*:

Type of Specimen		Sr. No.	Potential Interfering substances	
			1	Total Protein
				Bilirubin, conjugated
	Endogenous substance	е	3	Cholesterol
	-		4	Triglycerides
			5	Haemoglobin
		Antibiotic	1	Amoxicillin
Commo	n Drugs	Antibiotic	2	Ciprofloxacin
Commo	il Diugs	A maticinal amount a mar	1	Aspirin
		Anti-inflammatory	2	Ibuprofen
				Chloroquine
				Doxycycline
	Anti-Malaria Drugs		3	ACT
			4	Primaquine
		Ç		Mefloquine
			6	Sulfadoxine
Exogenous Substance			7	Pyrimethamine
-			1	Ethambutol
	Anti-	TB Drugs	2	Isoniazide
		-	3	Rifampin
			1	Lamivudine
			2	Efavirenz
	Anti-Ret	roviral Drugs	3	Emtricitabine
		-	4	Tenofovir
			5	Atazanavir

${\bf A2.\,Cross\,Reacting\,infections}, disease\,and\,medical\,conditions:$

The following 17 potential cross reacting infections/diseases/conditions did not affect the performance of **parascreen**®.

	Potential Cross reacting infections/diseases/conditions				
1	T. cruzi	10	Toxoplasma gondii		
2	Dengue virus	11	Influenza A/B		
3	Leishmania spp	12	Yellow fever virus		
4	Brucella spp	13	Leptospira spp		
5	Measles virus (Rubeola virus)	14	Treponema pallidum		
6	HAV	15	HAMA		
7	HBV	16	ANA		
8	HCV	17	Rheumatoid factor		
9	HIV-1/HIV-2]			

A3. Precision (Repeatability)

Within run, precision was determined using 10 replicates of 5 different venous whole blood specimens in 03 different lots of parascreen® which is summarized below:

*Quality control Panel	Accuracy (%)
Malaria Negative	100%
P.falciparum Positive (Moderate Positive)	100%
P.falciparum Positive (Weak Positive)	100%
P.vivax Positive (Moderate Positive)	100%
P.vivax Positive (Weak Positive)	100%

A4. Precision (Reproducibility)

Between run, precision was determined using 5 different blinded venous whole blood specimens in 3 different lots of **parascreen*** X 3 different operators X 3 different sites X 5 different days which is summarized below:

*Quality control Panel		Accuracy (%)			
Quality Control Faller	Between Day	Between Operator	Between lot	Between site	
Malaria Negative	100%	100%	100%	100%	
P.falciparum Positive (Moderate Positive)	100%	100%	100%	100%	
P.falciparum Positive (Weak Positive)	100%	97.7%	100%	100%	
P.vivax Positive (Moderate Positive)	100%	100%	100%	100%	
P.vivax Positive (Weak Positive)	100%	100%	100%	100%	

^{*}Quality control panel specimens have been confirmed by microscopy as malaria negative and malaria positive. Malaria positive specimens were classified as moderate or weak positive based on respective parasite counts as determined by microscopy.

A5. Analytical Sensitivity

The sensitivity of parascreen® for Pfalciparum is 100 parasites/µl and for Pvivax is 200 parasite/µl based on microscopy results.

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B. Clinical Performance study: Diagnostic Specificity and Diagnostic Sensitivity

B1. In an in-house study, a panel of 251 venous whole blood specimens whose results were earlier confirmed with microscopy were tested with **parascreen***. The results obtained are as follows:

Specimens	Total no of anasimons tosted	parascreen®		Sensitivity	Specificity
Specimens	Total no. of specimens tested	Positive	Negative	(95% CI)	(95% CI)
P.falciparum	16	16	0	100% (79.41% to 100.00%)	1
P.vivax	25	25	0	100% (86.28% to 100.00%)	-
Malaria Negative	210	0	210	-	100% (98.26% to 100.00%)

B2. External evaluation studies:

Table 1

	Total Number of	Specimen Type		Number of	Number of	Number of specimens
Study Site	Malaria Negative specimens Tested	Population type	Mode of Collection	specimens Negative by Microscopy	specimens Negative in parascreen ®	falsely Positive in parascreen®
Jharkhand, India	985	Hospitalized Patients	Finger prick/ venous phlebotomy	985	985	0
Maharashtra, India.	1000	Blood Donors	Venous whole blood	1000	1000	0
Goa, India.	39	Symptomatic/ Asymptomatic Individuals	Capillary Whole Blood	39	39	0
			Venous Whole Blood	39	39	0
Odisha, India	545	Pregnant Women	Venous Whole Blood	545	545	0
Odisha, India	497	Neonates	Heel Prick	497	497	0
Based on above data:						
Total Nos. tested			Overall Specificity		95% Confidence Interval	
3105			100%		99.88% to 100.00%	

Table 2

P.falciparum + P.vivax

able 2								
Study Site	Total Number of Malaria Positive specimens Tested	Population type _	Specimen Type		Number of specimens Positive	Number of specimens Positive	Number of specimens falsely	
			Mode of Collection	Species Type	by Microscopy	in parascreen ®	Negative in parascreen ®	
	403	Hospitalized Patients	Finger prick/ venous	P.falciparum	403	403	0	
	312		phlebotomy	P.vivax	312	312	0	
	26	Symptomatic/	Capillary and	P.falciparum	26	26	0	
India	29	Asymptomatic	Venous	P.vivax	29	29	0	
	06	Individuals	Whole Blood	P.falciparum + P.vivax	06	06	0	
	01	Pregnant Women	Venous Whole Blood	P.falciparum	01	01	0	
	04]		P.vivax	04	04	0	
	01	Neonates	Heel Prick	P.falciparum	01	01	0	
	02			P.vivax	02	02	0	
Malawi	25	Hospitalized Patients	Venous whole blood	P.ovale	25	25	0	
	25			P.malariae	25	25	0	
Malaysia	90	Hospitalized Patients	Venous whole blood	P. knowlesi	90	74	16	
Based or	n above data:	•			•			
Plasmod	Plasmodium species Total Nos. tested		Ove	Overall Sensitivity		95% Confidence Interval		
P.falciparum 431		31		100%		99.15% to 100.00%		
P.vivax 347			100%		98.94% to 100.00%			
P.ovale 25			100%		84.56% to 100.00%			
P.malariae 25			100%		84.56% to 100.00%			
P. knowlesi			90		82.22%		72.74% to 89.48%	

100%

54.07% to 100.00%

LIMITATIONS OF THE TEST

- 1. As with all diagnostic tests, the test result must always be correlated with clinical findings.
- 2. The results of test are to be interpreted within the epidemiological, clinical and therapeutic context.
- 3. Any modification to the above procedure and / or use of other reagents will invalidate the test procedure.
- 4. Hook effect may be observed at parasite density ≥3,00,000 parasite/µl. In such cases, repeat the test by using different dilutions of same specimen. Other clinical data (e.g symptoms, travel history, risky factors) should be used in conjunction with the test results.
- 5. Interference due to presence of heterophile antibodies in patient's specimen can lead to erroneous analyte detection in immunoassay, has been reported in various studies. parascreen® uses HETEROPHILIC BLOCKING REAGENT (HBR) to inhibit majority of these interferences.
- 6. Potential cross-reacting diseases such as HAT, Tick-borne Encephalitis and those caused by Schistosoma spp have not been tested in this product, and their associated interference in parascreen® is not known.
- 7. Due to limited evidence, the manufacturer does not claim the limit of detection of **parascreen**® for *P.knowlesi* though it is found to detect these Plasmodium species as low as 226 -300 parasites/µl.
- 8. In case of mixed infection (*P.falciparum*, with other malarial species), both, 'Pf' and 'Pan' malaria bands will be positive. Hence, differentiation of infection due to *P.vivax, P.ovale* or *P.malariae* cannot be done.
- 9. In P. falciparum malaria infection, HRP-2 is not secreted in gametogony stage. Hence, in "Carriers", the HRP-2 band may be absent.

WARRANTY

This product is designed to perform as described on the label and Instructions for use. The manufacturer disclaims any implied warranty of use and sale for any other purpose. In the event of performance changes or product malfunction, please contact manufacturer.

BIBLIOGRAPHY

- 1. Howard, R.J., et al., 1986: Secretion of a Malarial Histidine-rich Protein (Pf. HRP II) from Plasmodium falciparum-infected Erythrocytes. J. Cell Biol., 103, 1269-1277.
- 2. Parra, M.E., et al., 1991: Identification of Plasmodium falciparum Histidine-Rich Protein 2 in the Plasma of Humans with Malaria. J. Clin. Microbiol., 29, 1629-1634.
- 3. Rodriguez-Del Valle, M., et al., 1991: Detection of Antigens and Antibodies in the Urine of Humans with Plasmodium falciparum Malaria. J. Clin. Microbiol., 29, 1236-1242.
- 4. Piper, R. C., et al., (1999) Immuno-capture diagnostic assays for malaria utilizing Plasmodium Lactate Dehydrogenase (pLDH) Am. J. Trop. Med. Hyg. 60(1) 109-118.
- 5. Hunte-Cooke A., et al., (1999) Comparison of a Parasite Lactate Dehydrogenase-based Immunochromatographic Antigen Detection assay (OptiMAL*) with Microscopy for the Detection of Malaria Parasites in Human Blood Samples. Am J. Trop Med 60(2), 173-176.
- 6. Quintana M., et al., (1998) Malaria diagnosis by dipstick assay in a Honduran Population with coendemic Plasmodium falciparum and Plasmodium vivax. Am. J. Trop. Med. Hyg. 59(6) 868-871.
- 7. Palmer, C. J., (1998) Evaluation of OptiMal test for rapid diagnosis of Plasmodium vivax and Plasmodium falciparum. J. Clin Microbiol. 36(1) 203-206.
- 8. Moody A., et al., (2000) Performance of the OptiMAL® malaria antigen capture dipstick for malaria diagnosis and treatment monitoring. British Journal of Hematology, 109, 1-5.
- 9. Data on file: Zephyr Biomedicals.

SYMBOL KEYS

1	Temperature Limitation	444	Manufacturer	DEVICE	Device	EC	Authorised Representative	
\square	Use by		Consult Instructions for use	PIPETTE	Disposable Plastic Specimen Applicator	[EC]	in the European Community	
<u>~</u>	Date of Manufacture	REF	Catalogue Number	BUF	Clearing Buffer	Xn	Harmful if swallowed. Do not breathe vapour. If swallowed, seek medical advice immediately and show this container or label. Avoid release to	
LOT	Batch Number / Lot Number	IVD	In vitro Diagnostic Medical Device	11	This side up	*		
Σ	Contains sufficient for <n> tests</n>	(2)	Do not reuse		Do not use if package is damaged	NaN., R22, S23-46-61	the environment. Refer to special instructions.	



Manufactured by:

Zephyr Biomedicals

A Division of Tulip Diagnostics (P) Ltd.

M 46-47, Phase III B, Verna Industrial Estate, Verna, Goa - 403 722, INDIA.

Regd. Office: Gitanjali, Tulip Block, Dr. Antonio Do Rego Bagh, Alto Santacruz, Bambolim Complex P.O., Goa - 403 202, INDIA.

Email address: sales@tulipgroup.com Tel.: (0832) 2458546, (0832) 2458547

EC REP

CMC Medical Devices & Drugs S.L., Spain.

Interpretation of Results



Band on 'C' Area NEGATIVE for Malaria



INVALID

Repeat the test



Band on 'C'&'T'-Pan Area **POSITIVE** for Non *P.f.* Malaria

Pan



No band on 'C'.
Band on 'T'-Pan Area
INVALID
Repeat the test



Band on 'C'&'T'-Pf Area
POSITIVE
for P.f. Malaria



No band on 'C'.
Band on 'T'-Pf Area
INVALID
Repeat the test



Band on 'C'&'T'-Pan,Pf Area POSITIVE for P.f. or Mixed infection (Pf & Pv or Pm or Po)



No band on 'C'.
Band on 'T'-Pan & Pf Area
INVALID
Repeat the test

Note: Coloured bands of any intensity (faint to dark) at 'Pan' and/or 'Pf' in addition to Control band should be considered as positive result.

For further information, contact

Zephyr Biomedicals

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Regd. Office: Gitanjali, Tulip Block, Dr. Antonio Do Rego Bagh, Alto Santacruz, Bambolim Complex P.O., Goa - 403 202, INDIA. E-mail address: sales@tulipgroup.com Tel.: (0832) 2458546, (0832) 2458547

EC REP

CMC Medical Devices & Drugs S.L., Spain.

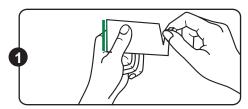




REF | 503030025(1T) | 503030010 | 503030025 | 503030050 | 503030100

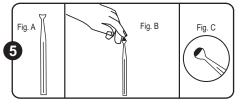
D TEST FOR MALARIA
Pan / Pf

Test Procedure using Capillary whole blood specimen =

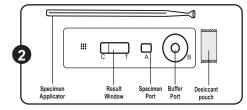


Open pouch at cut mark and remove all content; the device, disposable specimen applicator & desiccant pouch. Once opened, the device must be used immediately.

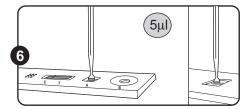
Note: Before opening the pouch, check the date of expiration on the back side of the pouch. Do not use beyond expiry date.



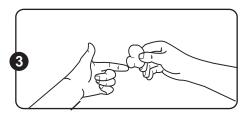
For blood collection, hold the specimen applicator vertically as shown above Fig A. With the pricked finger facing downwards towards the specimen applicator, allow the blood drop to touch the cup side of specimen applicator, Fig.B. Ensure that the cup full of blood is retrieved Fig C.



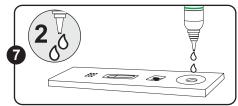
Component details are shown above. Check the colour of the desiccant. It should be blue, if it has turned colourless or pink, discard the device & use a new device.



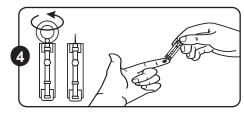
Blot the collected blood $(5\mu I)$ in the specimen port 'A' by touching applicator vertically straight onto the specimen pad. Ensure that the blood from the applicator has been completely taken up at the specimen pad.



Clean finger to be pricked with an alcohol swab. Allow to dry. "Avoid finger with callus".



Hold the clearing buffer bottle vertically straight over the buffer port 'B' without having contact with the pad to avoid contamination & add exactly 2 drops of buffer onto the buffer port. Start the stop watch.

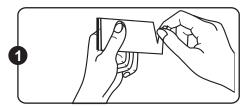


Take a sterile lancet. Open the lancet by twisting the cap. Squeeze the finger tip then prick the lateral side of the tip with sterile lancet. Safely dispose off the used lancet as biohazardous sharps waste.



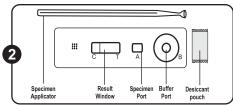
Read the test Results at the end of 20 minutes. Do not read test results after 30 minutes.

Test Procedure for Venous Whole Blood Specimen =

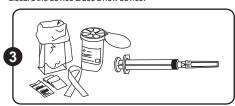


Open pouch at cut mark and remove all content; the device, disposable specimen applicator & desiccant pouch. Once opened, the device must be used immediately.

Note: Before opening the pouch, check the date of expiration on the back side of the pouch. Do not use beyond expiry date.



Component details are shown above. Check the colour of the desiccant. It should be blue, if it has turned colourless or pink, discard the device & use a new device.



Assemble equipment & include needle & syringe.



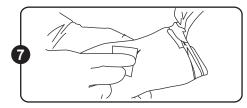
Apply a tourniquet, about 4 to 5 finger widths above the selected venepuncture site.



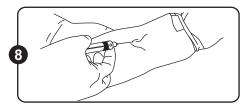
Ask the patient to form a fist.



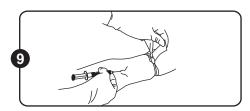
Put on well fitting non-sterile gloves.



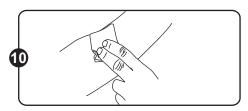
Disinfect the site using 70% Isopropyl Alcohol and let it dry completely.



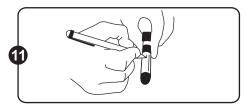
Enter the syringe in vein swiftly at a 30° angle.



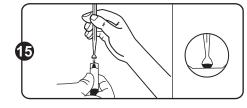
Release the tourniquet once sufficient blood has been collected.



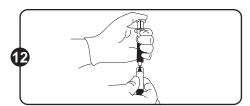
Withdraw the needle gently and then give the patient a clean cotton



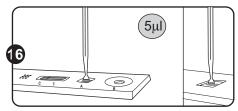
Label the tube with respective patient's name.



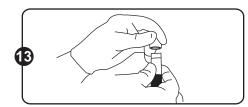
Dip the cup side of the specimen applicator in the tube. Ensure that an applicator full of blood is retrieved as shown in the above figure.



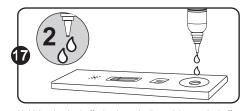
Transfer blood to the labeled tube.



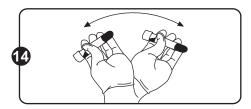
Blot the collected blood $(5\mu I)$ in the specimen port 'A' by touching applicator vertically straight onto specimen pad. Ensure that the blood from the applicator has been completely taken up at the specimen pad.



Place the cap in the tube.



Hold the clearing buffer bottle vertically straight over the buffer port 'B' without having contact with the pad to avoid contamination & add exactly 2 drops of buffer onto the buffer port. Start the stop watch.



Invert specimen tube back and forth 5-10 times to mix the additives with the whole blood.



Read the test result at the end of 20 minutes. Do not read test result after 30 minutes.