


FEBRILE ANTIGENS

Positive Control

IVD For In-Vitro diagnostic and professional use only

2°C  8°C
Store at 2 to 8° C

INTENDED USE

Positive control for qualitative verification of Atlas Medical Febrile Antigen Test.

INTRODUCTION & PRINCIPLES

Antibodies are formed in human infection cases with various microbiological agents. Mixing these antibodies with the corresponding homologous antigens causes agglutination under controlled conditions. The agglutination is macroscopically visible. For screening purposes, the antigens can be used in the qualitative rapid slide test. Positive results can be confirmed with the quantitative tube test to verify the antibody titer.

MATERIALS

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- Positive control.
- Package Insert

The controls are stabilized with glycerine and contain 0.01% merthiolate.

MATERIALS NEEDED BUT NOT PROVIDED

- Pipettes.
- Glass slides.
- Applicator stick and wax pencil.

PRECAUTIONS

- Control should be stored in an upright position and refrigerated between 2 to 8° C. Never Freeze.
- intended for In-Vitro diagnostic use only.

PROCEDURES

1. Bring control to room temperature. The sensitivity of the test may be reduced at low temperatures.
2. Place 1 drop of positive control into a circle on the slide test.
3. Swirl the antigen vial gently before using. Add 1 drop (50 µL) of antigen to the circle next to the positive control.

4. Mix with a stirrer and spread over the entire area enclosed by the circle .
5. Place the slide on a mechanical rotator at 80-100 r.p.m., for **1 minute**.
6. Read the results immediately in good indirect light noting the agglutination where visible.

Results are interpreted according to the degree of agglutination

| Degree of agglutination | Result |
|--|-----------|
| 100% in clear supernatant fluid | 4+ |
| 75% in slightly cloudy fluid | 3+ |
| 50% in moderately cloudy supernatant fluid | 2+ |
| 25% in cloudy supernatant fluid | 1+ |
| No agglutination | Negative. |

REFERENCES

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2. Diamond B.E., Pub. Health Lab., V6, 74, 1948.
3. Spink W.W. , McCullough N.B. and Hutchings L.H., Amer. J. Clin. Path., 24:486, 1954



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PPI2188A01

Rev A (06.02.2022)