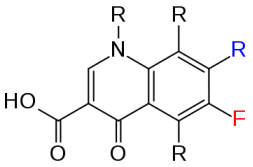
Quinolones Residue Rapid Test Strip (Milk)

Prod. No.: DTS025
Pkg.Size: 40T



Fluoroquinolone

INTENDED USE

Quinolones device is for rapid test to qualitatively detect the Quinolones in milk sample. It only takes approx. 5~ 10 min.

GENERAL DESCRIPTION

The quinolones are a family of synthetic broad-spectrum antibiotics. The term quinolone(s) refers to potent synthetic chemotherapeutic antibacterials. They are widely used in different lines of poultry, cattle, agriculture and beekeeping for its excellent antibacterial and pharmacokinetic properties. However, man would suffer from Aplastic Anemia or agranulocytopenia if the hematopoiesis function of marrow is inhibited. What's more, gastrointesinal tract and the nervous system will be affected. Therefore, it is possible that Chloramphenicol residues, after use in illegal practice, may lead to a risk for consumers.

PRINCIPLE OF THE TEST

Competitive assays are primarily used for testing small molecules. If Quinolones are present in the sample it will therefore bind with the conjugate and will be labelled. As the sample migrates along the membrane and reaches the capture zone an excess of labelled antibody will bind to the immobilised antigen so that no visible line is produced. The bound conjugate will then bind to the antibodies in the control zone producing a visible control line. A single control line on the membrane is a positive result. Two visible lines in the capture and control zones is a negative result. However, if an excess of unlabelled Quinolones are not present, a weak line may be produced in the capture zone, indicating an inconclusive result.

REAGENTS AND MATERIALS PROVIDED

Quinolones Residue Rapid Test Device: 40 devices
Product Introduction: 1 copy
Throwaway plastic dropper
Sample dilution tube(containing sample dilution solution)

STORAGE

Store at 15-25℃, DO NOT FREEZE or use beyond the expiration date .The shelf life is 12 months.

PRECAUTIONS

1. Do not use after the expiration date.
2. The test device should remain in the sealed pouch until use.
3. Use device as soon as possible but within 1 hour after removal from the pouch specially.
4. Do not touch the white membrane in the mid of the test device.
5. Use the plastic dropper for one time in case cross reaction happens
6. It may lead into wrong result if there is bleach, oxydant, or fusty urine.
7. Do the test at room temperature. It takes longer time at high temperature, and shorter time at low temperature.
8. Different samples will influence the result on NC thecal. Read the result according to color differences of the color bar.
9. Be careful if you are allergic to antibiotics.

SPECIMEN TREATMENT

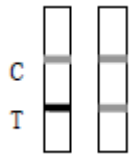
1. Add 0.6 ml fresh raw milk to the sample dilution tube, and mix the sample well.
2. Adjust the thermostat-controlled water bath to 80℃. Put the test-tube rack into the water bath for 2 min.

TEST PROCEDURE

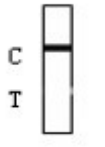
1. Prepare samples according to ***SPECIMEN TREATMENT***.
2. Remove the Residue Rapid Test Devices from sealed pouch.
3. Hold the dropper vertically and transfer 6-8 full drops of solution obtained from specimen treatment to the specimen well (S) of the test device, and then start the timer. Avoid trapping air bubbles in the specimen well (S).
4. Wait for purplish red bands to appear. The result should be read in approximately 5~10 minutes. It is significant that the background is clear before reading the test. Do not interpret results after 10 minutes.

45-16 Ramsey Road Shirley, NY 11967, USA
Tel: 631-624-4882 ·Fax:631-614-7828
E-mail: info@creative-diagnostics.com
www.creative-diagnostics.com

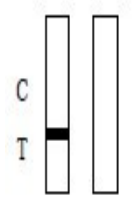
INTERPRETATION OF RESULTS



NEGATIVE:
Two lines are visible and the Test Line (T) is the same as or darker than the Control Line (C), which also is the Reference Line (R). This indicates that the sample is negative.



POSITIVE:
No purplish red band appears in T line indicating that the sample is positive.



INVALID:
Reference Line fails to appear. Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for an invalid result. Review the procedure and repeat the test with a new test device. Stop using the test kit immediately if the problem is not solved and contact your local distributor.

SENSITIVITY

To acquire the exact sensitivity, reduplicative experiment has been done. See the sensitivity as follows.
Enrofloxacin……...50 ppb
Oxilinic acid ……...50 ppb
Ciprofloxacin ……..50 ppb
Norfloxacin ……50 ppb
Marbofloxacin ……50 ppb
Mefloquine ……50 ppb
Lomenfloxacin ……...50 ppb
Enoxacin ……50 ppb
Pefloxacin ……50 ppb
Ofloxacin ……..70 ppb

QUALITY CONTROL

Procedural control is applied. Apurplish red band appears in the control region (C), which is also the reference region (R) that is for internal procedure control. It ensures efficiency and correct procedure technique.

Control standard is not supplied in this device. Proper laboratory practice is the confirmation of the test procedure and test performance.

LIMITATION OF THE PROCEDURE

1. The Quinolones Residue Rapid Test Device is only a preliminary analytical result. A secondary analytical method must be taken for confirmation. Gas or liquid chromatography and mass spectrometry method (GC/LC/MS) is preferred.
2. The Quinolones Residue Rapid Test Device is a qualitative screening assay and cannot test the Quinolones concentration in the specimen.
3. Technical or procedural errors, as well as other interfering substance in the specimen may cause falseness.

PRECISION

A multi-center test evaluation is conducted between the Quinolones Residue Rapid Test Device and other products. 386 specimen is tested, including 206 negative and 180 positive. 98.9% of the Quinolones Residue Rapid Test Device is effective when comparing to other ELISA Quinolones reagents.

REFERENCE

1. Dr Ralf-Peter Vonberg. "Clostridium difficile: a challenge for hospitals". European Center for Disease Prevention and Control. Institute for Medical Microbiology and Hospital Epidemiology: IHE. Retrieved 27 July 2009.
2. Ivanov DV, Budanov SV (2006). "[Ciprofloxacin and antibacterial therapy of respiratory tract infections]" (in Russian). Antibiot. Khimioter. 51 (5): 29–37.

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E-mail: info@creative-diagnostics.com
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