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McKesson hCG Urine Test DIPSTICK

CLIA WAIVED

A rapid, one step test for the qualitative detection of human chorionic gonadotropin (hCG) in urine.
For professional *in vitro* diagnostic use only.

MFR # 32-111

INSTRUCTIONS FOR USE

INTENDED USE

The McKesson hCG Urine Test – Dipstick is a rapid chromatographic immunoassay for the qualitative detection of human chorionic gonadotropin (hCG) in urine to aid in the early detection of pregnancy.

SUMMARY

Human chorionic gonadotropin (hCG) is a glycoprotein hormone produced by the developing placenta shortly after fertilization. In normal pregnancy, hCG can be detected in both urine and serum as early as 7 to 10 days after conception.^{1,4} hCG levels continue to rise very rapidly, frequently exceeding 100 mIU/mL by the first missed menstrual period,^{2,4} and peaking in the 100,000-200,000 mIU/mL range about 10-12 weeks into pregnancy. The appearance of hCG in both urine and serum soon after conception, and its subsequent rapid rise in concentration during early gestational growth, make it an excellent marker for the early detection of pregnancy.

The McKesson hCG Urine Test – Dipstick is a rapid test that qualitatively detects the presence of hCG in urine specimen at the sensitivity of 25 mIU/mL. The test utilizes a combination of monoclonal and polyclonal antibodies to selectively detect elevated levels of hCG in urine. At the level of claimed sensitivity, the McKesson hCG Urine Test – Dipstick shows no cross-reactivity interference from the structurally related glycoprotein hormones hFSH, hLH and hTSH at high physiological levels.

PRINCIPLE

The McKesson hCG Urine Test – Dipstick is a rapid chromatographic immunoassay for the qualitative detection of human chorionic gonadotropin (hCG) in urine to aid in the early detection of pregnancy. The test utilizes a combination of antibodies including mouse monoclonal anti-hCG antibodies and goat polyclonal anti-hCG antibodies to selectively detect elevated

levels of hCG. The assay is conducted by immersing the test strip in a urine specimen and observing the formation of colored lines. The specimen migrates via capillary action along the membrane to react with the colored conjugate.

Positive specimens react with the specific colored antibody conjugates and form a colored line at the test line region of the membrane. Absence of this colored line suggests a negative result. To serve as a procedural control, a colored line will always appear at the control line region if the test has been performed properly.

REAGENTS

The test strip contains mouse anti-beta hCG antibody conjugated to colloidal gold and goat anti-alpha hCG antibody coated on the membrane.

PRECAUTIONS

- For professional *in vitro* diagnostic use only. Do not use after the expiration date.
- The test strip should remain in the closed canister until use.
- All specimens should be considered potentially hazardous and handled in the same manner as an infectious agent.
- The test strip should be discarded in a proper biohazard container after testing.

STORAGE AND STABILITY

Store as packaged in the closed canister at 36-86°F [2-30°C]. The test strip is stable through the expiration date printed on the label of the closed canister. The test strip must remain in the closed canister until use, and is stable 12 months after opening the canister. **DO NOT FREEZE.** Do not use beyond the expiration date.

SPECIMEN COLLECTION AND PREPARATION

A urine specimen must be collected in a clean and dry container. A first morning urine specimen is preferred since it generally contains the highest concentration of hCG; however, urine specimens collected at any time of the day may be used. Urine specimens exhibiting visible precipitates should be centrifuged, filtered, or allowed to settle to obtain a clear specimen for testing.

Specimen Storage

Urine specimens may be stored at 36-46°F [2-8°C] for up to 48 hours prior to testing. For prolonged storage, specimens may be frozen and stored below -4°F [-20°C]. Frozen specimens should be thawed and mixed before testing.

MATERIALS

Materials Provided

- Test strips (in a canister)
- Instructional insert

Materials Required But Not Provided

- Specimen collection container
- Timer

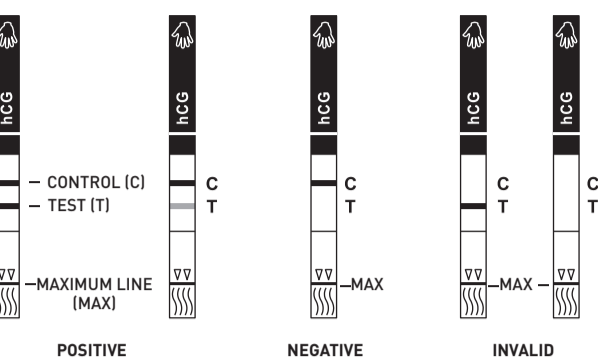
DIRECTIONS FOR USE

Allow the test strip, urine specimen and/or controls to equilibrate to room temperature (59-86°F; 15-30°C) prior to testing.

- Remove the test strip from the closed canister and use it as

soon as possible. Immediately close the canister tightly after removing the required number of test strips. Record the initial opening date on the canister. Once opened, the remaining test strips are stable for 12 months.

- With arrows pointing toward the urine specimen, immerse the test strip vertically in the urine specimen for at least 5 seconds. Do not pass the maximum line (MAX) on the test strip when immersing the strip. See the illustration below.
- Place the test strip on a non-absorbent, flat surface, start the timer and wait for the red line(s) to appear. **Read the result at 3-4 minutes. Do not interpret results after the appropriate read time.** It is important that the background is clear before the result is read.



INTERPRETATION OF RESULTS

(Please refer to the illustration above)

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

NOTE: A sample hCG concentration below the cut-off level of this test might result in a weak line appearing in the test region (T) after an extended period of time. A line in the test region (T) seen after the read time could be indicative of a low hCG level in the sample. If such results are seen, it is recommended that the test be repeated with a new sample in 48-72 hours or that an alternate confirmation method is used.

NEGATIVE: One red 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 strip. If the problem persists, discontinue using the test kit immediately and contact **Technical Service at 1-877-441-7440, Option 2.**

***NOTE:** The intensity of the red color in the test line region (T) will vary depending on the concentration of hCG present in the specimen. However, neither the quantitative value nor the rate of increase in hCG can be determined by this qualitative test.

QUALITY CONTROL

Internal procedural controls are included in the test. A red line appearing in the control region (C) is the internal procedural control. It confirms sufficient specimen volume and correct procedural technique. A clear background is an internal negative background control. If the test is working properly, the background in the result area should be white to light pink and not interfere with the ability to read the test result.

It is recommended that a positive hCG control [containing ≥ 25 mIU/mL hCG in urine] and a negative hCG control [containing "0" mIU/mL hCG] be evaluated to verify proper test performance with each new lot, each new shipment, monthly as a check on storage, each new untrained operator and as otherwise required by your lab internal quality system procedures.

LIMITATIONS

- Very dilute urine specimens, as indicated by a low specific gravity, may not contain representative levels of hCG. If pregnancy is still suspected, a first morning urine specimen should be collected 48 hours later and tested.
- False negative results may occur when the levels of hCG are below the sensitivity level of the test. When pregnancy is still suspected, a first morning urine specimen should be collected 48 hours later and tested.
- Very low levels of hCG (less than 50 mIU/mL) are present in urine specimen shortly after implantation. However, because a significant number of first trimester pregnancies terminate for natural reasons,³ a test result that is weakly positive should be confirmed by retesting with a first morning urine specimen collected 48 hours later.
- This test reliably detects intact hCG up to 500,000 mIU/mL. It does not reliably detect hCG degradation products, including free-beta hCG and beta core fragments. Quantitative assays used to detect hCG may detect hCG degradation products and therefore may disagree with the results of this rapid test.
- A number of conditions other than pregnancy, including trophoblastic disease and certain non-trophoblastic neoplasms including testicular tumors, prostate cancer, breast cancer, and lung cancer, cause elevated levels of hCG.^{1,2} Therefore, the presence of hCG in urine specimen should not be used to diagnose pregnancy unless these conditions have been ruled out.
- This test provides a presumptive diagnosis for pregnancy. A confirmed pregnancy diagnosis should only be made by a physician after all clinical and laboratory findings have been evaluated.

EXPECTED VALUES

Negative results are expected in healthy non-pregnant women and healthy men. Healthy pregnant women have hCG present in their urine and serum specimens. The amount of hCG will vary greatly with gestational age and between individuals.

The McKesson hCG Urine Test – Dipstick has a sensitivity of 25 mIU/mL, and is capable of detecting pregnancy as early as 1 day after the first missed menses.

PERFORMANCE CHARACTERISTICS

Accuracy

A multi-center clinical evaluation was conducted comparing the results obtained using the McKesson hCG Urine Test – Dipstick to another commercially available urine membrane hCG test. The study included 150 urine specimens; both assays identified 72 negative and 78 positive results. The results demonstrated 100% overall agreement (for an accuracy of >99%) of the McKesson hCG Urine Test – Dipstick when compared to the other urine membrane hCG test.

	Reference hCG Method	+	-
McKesson hCG Urine Test – Dipstick	+	78	0
	-	0	72

Sensitivity and Specificity

The McKesson hCG Urine Test – Dipstick detects hCG at a concentration of 25 mIU/mL or greater. The test has been standardized to the W.H.O. Third International Standard. The addition of LH (300 mIU/mL), FSH (1,000 mIU/mL), and TSH (1,000 µIU/mL) to negative (0 mIU/mL hCG) and positive (25 mIU/mL hCG) specimens showed no cross-reactivity.

Interfering Substances

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

All substances listed in mg/dL unless otherwise noted.

Acetaminophen	20	Ethanol	1%
Acetone	1,000	Estriol	2
Acetylsalicylic Acid	20	Estrone 3-Sulfate	10
Acetoacetic Acid	2,000	Genistic Acid	20
Ampicillin	20	Glucose	2,000
Ascorbic Acid	20	Hemoglobin	1,000
Atropine	20	Heroin	1
Albumin	2,000	Ibuprofen	20
β-Hydroxybutyrate salt	2,000	Methodone	10
Benzoylcegonine	10	Methamphetamine	10
Bilirubin	20	Methanol	10%
Brompheniramine	20	Morphine	0.6
Caffeine	20	Oxalic Acid	40
Cannabinal	10	Phenothiazine	20
Clomiphene	100	Phenylpropanolamine	20
Cocaine	10	Pregnanediol	2
Codeine	10	Salicylic Acid	20
Cholesterol	500	Tetracycline	20
Creatine	20	Triglycerides	1,200
Dextromethorphan	20	Theophylline	20
DMSO	5%	Urea	2,000
EDTA	80	Uric Acid	20
Ephedrine	20		

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

BIBLIOGRAPHY

- Balzer FR. "Hormonal evaluation of early pregnancy". *Fertil. Steril.* 1980; 34(1): 1-13
- Catt KJ, ML Dufau, JL Vaitukaitis. "Appearance of hCG in pregnancy plasma following the initiation of implantation of the blastocyst". *J. Clin. Endocrinol. Metab.* 1975; 40(3): 537-540
- Braunstein GD, J Rasser, H Danzer, D Adler, ME Wade. "Serum human chorionic gonadotropin levels throughout normal pregnancy". *Am. J. Obstet. Gynecol.* 1976; 126(6): 678-681
- Lenton EA, LM Neul, R Sulaiman. "Plasma concentration of human chorionic gonadotropin from the time of implantation until the second week of pregnancy". *Fertil. Steril.* 1982; 37(6): 773-778
- Steier JA, P Bergsjö, OJ Myking. "Human chorionic gonadotropin in maternal plasma after induced abortion, spontaneous abortion and removed ectopic pregnancy". *Obstet. Gynecol.* 1984; 64(3): 391-394
- Dawood MY, BB Saxena, R Landesman. "Human chorionic gonadotropin and its subunits in hydatidiform mole and choriocarcinoma". *Obstet. Gynecol.* 1977; 50(2): 172-181
- Braunstein GD, JL Vaitukaitis, PP Carbone, GT Ross. "Ectopic production of human chorionic gonadotropin by neoplasms". *Ann. Intern Med.* 1973; 78(1): 39-45

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Call 1-877-441-7440, Option 2, for technical assistance.

Questions? Call 1-800-777-4908

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Description 描述	McKesson FHC-111 English insert	Part Number PN号码	1155805606	Size 尺寸	279.4*215.9
Printing Contents 印刷内容	/	L Number L号码	/	Size 尺寸	/
Designer 设计者	Apple	Design Date/Version 设计日期/版本	Mar 17, 2014/B	Mold Num. 模具号	/
Artwork Checked By 设计审核		Material/Checked By 材质/审核	80g双铜		
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