



# Signal-MF

## Test Procedure



- 2 Drops Wash Buffer
- 2 Drops Diluted Sample
- 2 Drops Wash Buffer
- 2 Drops Signal Reagent
- 3 Drops Wash Buffer

Read the results after 2 minutes

## Interpretation of Results

Note: Results should not be read beyond 10 minutes



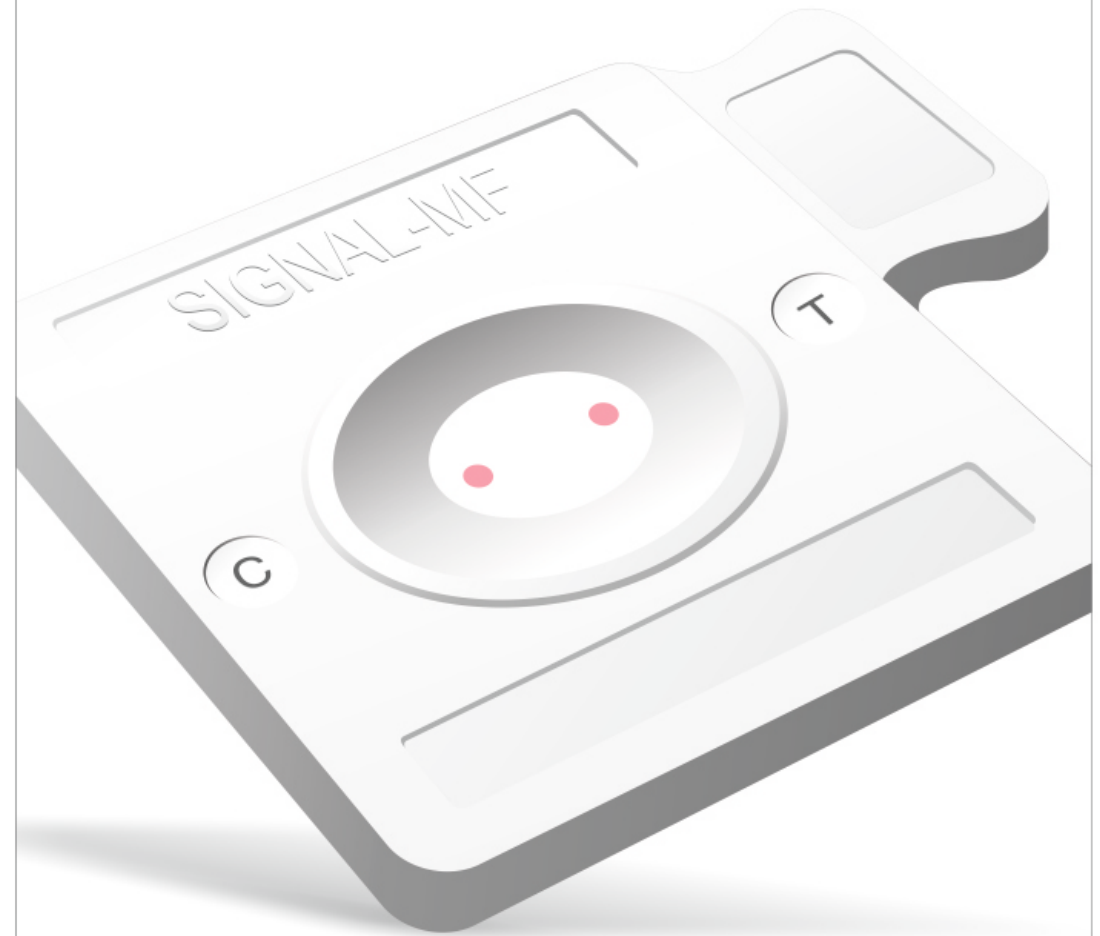
- One dot at C
- Two dots at T & C
- Dot only at T
- No Dot

## Ordering Information

Product	Code No.	Pack size
Signal-MF	57FT100-05	05 Tests
	57FT100-10	10 Tests
	57FT100-50	50 Tests



THE MANUFACTURING SITE'S QMS IS CERTIFIED FOR ISO 13485:2003, ISO 9001:2008



Flow through  
 immunodot test format for detection of  
**Antibodies to Microfilariae** in serum or plasma

## Fact File



Approximately **20% of world population** is at the risk of infection. More than **120 million people** in **80** tropical countries worldwide are estimated to be infected with Filarial parasites.

The largest number of Filaria cases occurs in India. At least **6 million cases** of acute Filariasis occur every year in India. The endemic area is mainly along the sea coast and bank of large rivers.

### Diagnosis of Filariasis

Clinical diagnosis of Filaria is insensitive and not specific for detecting active infection.

**Microscopic detection of microfilaria (MF)** : Most popular and traditional method in peripheral blood is time consuming and lacks consistency due to many factors such as

- Time of blood collection
- Dependability on volume of blood collected
- Expertise in microscopic examination

**Antigen detection method** : Simple and sensitive as compared to microscopic method but it fails to detect infection in patients with clinical filariasis which are amicrofilaraemic (chronic clinical Filariasis and early stage of Filarial infection).

**Antifilarial antibodies detection method** : Most sensitive and accurate method, provides evidence of ongoing exposure to filarial infection long before the development of antigenemia or microfilaria, where detectable level of antigen is low due to slow growing nature of disease, while detectable level of antibodies is reached faster.

## Nucleus of *Signal-MF* - *wbSXP-1* Antigen

*WbSXP-1* is 28 KDa protein from nematode protein family. It is equally sensitive for *Wuchereria bancrofti* and *Brugia malayi*. Important aspect of *WbSXP-1* is its non-reactivity with sera from individuals infected with other Nematodes, Protozoa, Dengue fever, Scrub fever, Hepatitis, *Salmonella typhi* and mixed infection.

*WbSXP-1* has been found to be most reliable marker for detection of Prepatent stage, Asymptomatic or Carrier stage of infection. Anti-SXP-1 IgG4 is not detectable in sera from chronic pathology patients or endemic normals".

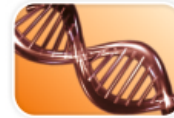
Antibody detection helps in early prognosis of disease.

*Signal-MF* is a recombinant antigen based assay for detection of antibodies against Microfilaria, addresses limitation of traditional diagnostic approach and offers many other advantages.

## Salient Features



Visual two dots assay with inbuilt control dot to validate successful completion of assay procedure giving result in 10 minutes.



Highly immunogenic recombinant protein *WbSXP-1* as a capture antigen makes it highly sensitive & specific test for both Bancroftian & Brugian Filariasis.



Detection of Anti-Microfilarial antibodies ensures early diagnosis.



Sample (serum / plasma, fresh or frozen) collected any time during the day can be used. Most convenient for patients as well as laboratories.



Unique cassette design with handle for maximum user safety and convenience along with self dropping bottles ensuring maximum ease of use.



Optimally designed test protocol with proprietary washing buffer ensures highest specificity by removing all non specific interfering proteins.



Proprietary conjugate containing uniform sized gold particle ensures prominent appearance of dots for unambiguous interpretation of test results.

## Performance\*

Overall Sensitivity of 91.4% and 90.8% with microfilaria positive samples of Bancroftian and Brugian infection respectively.

None of the sera from non-endemic areas showed positive results indicating an excellent Specificity of the test.

\* Data published in Microbiology & Immunology, 48(7), 519 - 525, 2004