HIV TRI-DOT

Rapid Visual Test for the Differential Detection of antibodies to
HIV-1 (including Group 0 & Subtype C) & HIV-2 in Human Serum or Plasma

ACCURATE RESULTS IN LESS THAN 3 MIN

- Based on Flow Through Technique
- Excellent Sensitivity: 100%* & Specificity: 100%*
- Results within 3 Minutes
- Differential detection of HIV-1 & HIV-2 antibodies
- Shelf Life: 24 Months at 2-8°c
- Convenient Pack Size: 10, 50 & 100 Test Pack

*As per WHO evaluation

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J. Mitra & Co. Pvt. Ltd.
.....a vision to serve mankind™
Since 1969

Let's talk about technology that's dependable & reliable....

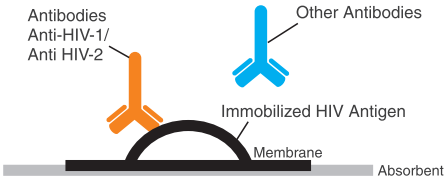
HIV TRI-DOT based on flow through technology in HIV testing

in flow through technology, HIV antigens are immobilized on an immunofiltration membrane. If the serum/ plasma sample contains antibodies against HIV-1/2 antigene, they will bind to the immobilized HIV-1/2 antigens. The sample will also contain other antibodies that are not specific to HIV-1/2 antigens. in this test the non-specific antibodies will be washed away during the washing step.

The Protein A Gold conjugate is added as signal reagent. It binds to the Fc portion of anti-HIV-1 & anti-HIV-2 antibodies.

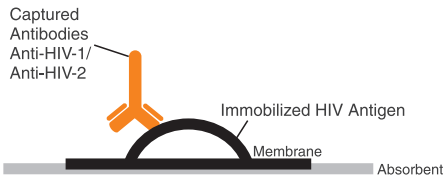
Unbound conjugate is washed away during the washing step performed after adding the conjugate. Finally the result are observed on the membrane in the form of test dots.

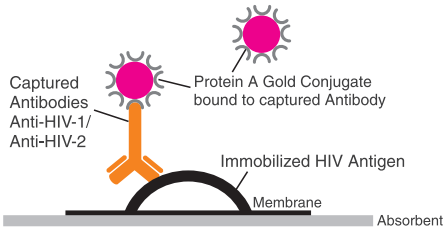
Antibodies bonding with Immobilized Antigen



In flow through technology antibodies to HIV-1/2 bind to the immobilized HIV antigen. Sample also contains other non-specific antibodies.

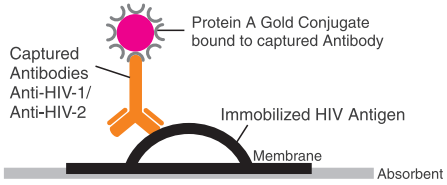
The non-specific antibodies are washed away by washing.

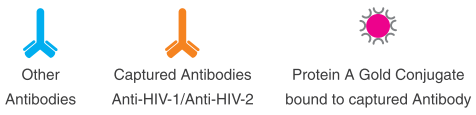




Protein A conjugate binds to the Fc protion of Anti-HIV-1/Anti-HIV-2 antibodies.

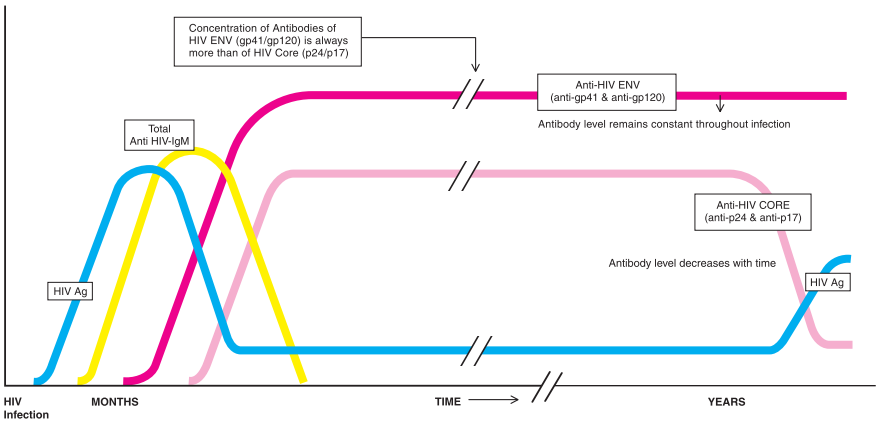
After adding the Protein A gold conjugate unbound conjugate is washed away during the washing step.





Envelope Antigens (gp41 and C terminus of gp120) are more suitable than Core Antigens (p24) for HIV-1 Detection

Serological Profile following HIV Infection



1. Antibody formation for HIV ENV (gp41/gp120) is initiated earlier than that of HIV Core (p24 & p17).
2. Antibody level of HIV ENV (gp41/gp120) remains constant throughout the infection, as compared to Antibody level of HIV Core (p24/p17) which falls with time. At this stage ONLY anti HIV ENV (gp41/gp120) is detectable in the serum.
3. Antibody Concentration of HIV ENV (gp41/gp120) is more than that of HIV Core (p24/p17).

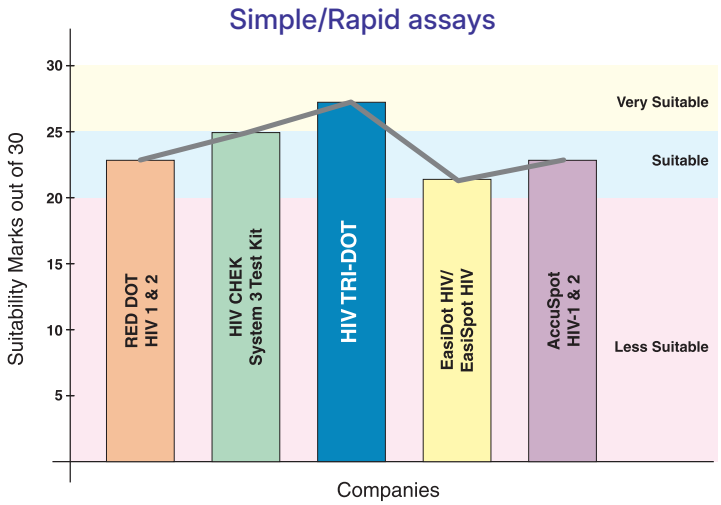
Simple to Perform

Add 3 drops of Buffer Solution to the center of device ▶ Add 1 drop of Serum/Plasma Sample ▶ Add 5 drops of Buffer Solution ▶ Add 2 drops of Protein-A Conjugate ▶ Add 5 drops of Buffer Solution & READ RESULTS

Test Interpretation

Non-Reactive | Reactive for HIV-1 antibodies | Reactive for HIV-2 antibodies | Reactive for HIV-1 & HIV-2 antibodies | Invalid

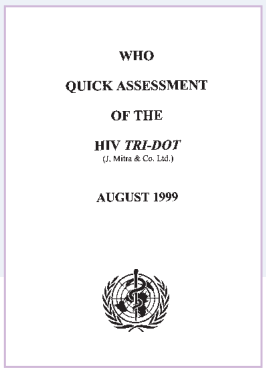
Highly suitable for use in laboratories



* Source available from: Report-11(Operational Characteristics of Commercially available assay to determine antibodies to HIV-1 &/Or HIV-2 in Human Sera) WHO/UNAIDS/Geneva/Jan.1999

WHO Quick Assessment of the HIV TRI-DOT August 1999

In this study the test HIV TRI-DOT was subjected to early sero-conversion panel in comparison to the reference test. The test was found 100% Sensitive & 100% Specific. The average days compared to reference assay on sero-conversion panel was found 1.7 days after the reference test.



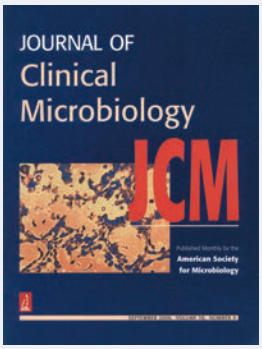
— WHO Quick Assessment of the HIV TRI-DOT: August 1999

WORLD HEALTH ORGANIZATION: CH-1211, Geneva, 27-Switzerland

Hospital-Based Evaluation of Two Rapid Human Immunodeficiency Virus Antibody Screening Tests

Human Immunodeficiency Virus (HIV) rapid screening assay, HIV TRI-DOT was compared with standard enzyme linked immunosorbent assay according to testing algorithm. The total number of serum sample subjected to test were 9312. With overall 99.5% sensitivity and 99.9% specificity. The test has been found as most suitable for use where facilities and laboratory expertise are limited.

The study adds the valuable perspective of a user, especially in light of the WHO/UNAIDS recommendation (18) for the use of simple, rapid tests to facilitate the expansion of VCT centers towards strengthening strategies for prevention of HIV infection.

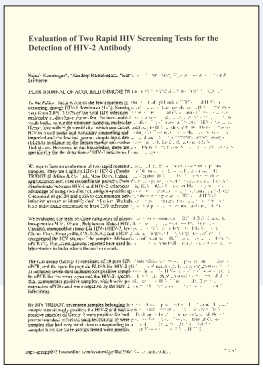


Journal of Clinical Microbiology. Sept. 2000, p. 3445-3447
1752 N Street, N.W.; Washington, DC 20036-2804, USA.

Note: The above information is provided for the Scientific Community, it is not for commercial or promotional purpose.

Evaluation of two HIV screening tests for the detection of HIV-2 antibody

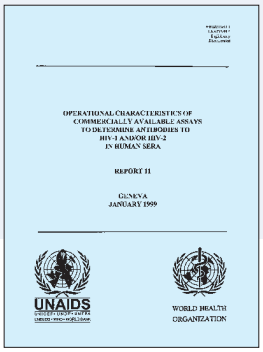
India is one of the few countries in which a dual epidemic of HIV-1 & HIV-2 is occuring, though HIV-1 dominates. Serologic estimates on the prevalence of HIV-2 infection vary from 2.0%-33.0% of the total HIV infection in various regions of the country. HIV TRI-DOT kit was able to detect all 18 pure HIV-2 samples. In addtion, the HIV TRI-DOT was able to discriminate between HIV-1 and HIV-2 in 17 (94.4%) of the 18 pure HIV-2 infections and correctly Identified the seven true dual infections (PCR- positives). Taking PCR/HIV-2 specific ELISA as the gold standard, HIV TRI-DOT is both sensitive & specific in identifying pure HIV-2 infections & dual infections.



— J Acquir Immune Defic Syndr 2002 March 1:29(3):320-321

htpp:/ipsapp002.lwwonline.com/content/getfile/1960/94/18/fulltext.htm. Lippincott Willams & Wilkins; 530 Walnut Street; Philadelphia, PA19106, USA

Operational Characteristics of Commercially Available Assays to detect Antibodies to HIV-1 & HIV-2 in Human Sera. The results were 99.6% Sensitivity for HIV-1, 100% Sensitivity for HIV-2, and 99.7% Specificity. Report 11, Geneva January 1999; Refer page 27



— UNAIDS. WORLD HEALTH ORGANIZATION

Blood Transfusion Safety Unit, WHO; 20, Avenue Appia; 1211 Geneva 27, Switzerland

Kit Presentation
10 Test Pack
50 Test Pack
100 Test Pack

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