



**NEGATIVE  
RESULT:****POSITIVE  
RESULT:****INVALID RESULT:****NOTE:**

The intensity of the color in test line region (T) will vary depending on the concentration of Monkeypox Antigen present in the specimen. Therefore, any shade of color in the test line region(T) should be considered positive.

**QUALITY CONTROL**

- A procedural control is included in the test. A colored line appearing in the control region(C) is considered an internal procedural control. It confirms adequate membrane winking.
- Control standards are supplied with this kit. It is recommended that positive and negative controls be tested as a good laboratory practice to confirm the test procedure and to verify proper test performance.

**LIMITATIONS OF THE TEST**

- Use fresh samples whenever possible. Frozen and thawed samples (especially repeatedly) contain particles that can block the membrane. This slows the flow of reagents and can lead to high background color, making the interpretation of results difficult.
- Optimal assay performance requires strict adherence to the assay procedure described in this insert sheet. Deviations may lead to aberrant results.
- If the test result is negative and clinical symptoms persist, additional testing using other clinical methods is recommended. A negative result does not at any time rule out the presence of Monkeypox virus antigens in specimen, as they may be present below the minimum detection level of the test or if the sample was collected or transported improperly.
- Some specimens containing unusually high titer of heterophile antibodies or rheumatoid factor may affect expected results.
- Samples with positive results should be confirmed with alternative testing method(s) and clinical findings before a diagnostic determination is made.
- If symptoms persist and the result from the Monkeypox Antigen Rapid Test is negative, it is recommended to re-sample the patient a few days later or test with an alternative test device
- Results from antigen testing should not be used as the sole basis to diagnose or exclude Monkeypox infection. As with all diagnostic tests, a definitive clinical diagnosis should not be based on the result of a single test, but should only be made by the physician after all clinical and laboratory findings have been evaluated.

**PERFORMANCE CHARACTERISTICS****Precision****Intra-Assay**

Within-run precision has been determined by using 10 replicates of three

specimens: one negative, one low titer positive and one high titer positive. The specimens were correctly identified >99% of the time.

**Inter-Assay**

Between-run precision has been determined by 5 independent assays four times: 6 negative, 1 low titer positive and 3 high titer positive. Three different lots of Monkeypox Antigen Rapid Test have been tested using these specimens. The specimens were correctly identified >99% of the time.

**Interfering Substances**

Low titer Monkeypox antibody positive serum samples and Monkeypox antibody negative serum samples were spiked with one of the following substances to specified concentrations and tested in multiple replicates. No false positivity or false negativity was found with the following:

Interfering substance	Cone.
Ascorbic Acid	20mg/dL
Hemoglobin	1000mg/dL
Bilirubin	10mg/dL
Albumin	2000mg/dL
Triglyceride	500mg/dL

**BIBLIOGRAPHY**

1. Responding to an Outbreak of Monkeypox Using the One Health Approach — Nigeria, 2017–2018
2. Emergence of Monkeypox — West and Central Africa, 1970–2017.
3. The detection of monkeypox in humans in the Western Hemisphere.
4. Evaluation of human-to-human transmission of monkeypox from infected patients to health care workers.

**Index of Symbols**

	Consult Instruction for use		Tests per kit		Do not use if package is damaged
	For in vitro diagnostic use only		Use by date		Do not reuse
	Store between 2-30°C		Lot Number		Catalogue number
	Keep away from sunlight		Keep dry		Manufacturer
	Caution		Date of manufacture		Authorized Representative

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