



# QuickVue+<sup>®</sup>

Mononucleosis TEST

**CLIA Complexity: Waived – Whole Blood /  
Moderate – Serum, Plasma**

For *in vitro* diagnostic use.

**Rx ONLY**

A symbols glossary can be found at [quidel.com/glossary](http://quidel.com/glossary).



QuickVue+ Mononucleosis Test is a rapid Color ImmunoChromatographic Assay (CICA) for the detection of Infectious Mononucleosis IgM heterophile antibodies in serum, plasma or whole blood. This test is intended for use as an aid in the diagnosis of Infectious Mononucleosis. For use by healthcare professionals.

## SUMMARY AND EXPLANATION

Infectious Mononucleosis (IM) is usually a self-limiting disease that is caused by the Epstein-Barr Virus (EBV).<sup>1,2</sup> The most common symptoms are fatigue, pharyngitis, fever, lymphadenopathy, splenomegaly and hepatitis.<sup>3</sup> In rare cases, complications may develop including severe thrombocytopenia, hemolytic anemia, pericarditis, myocarditis, pneumonitis, Reye's syndrome, encephalitis and other neurological syndromes. In industrialized countries, the peak incidence of IM occurs between 14-18 years of age. In developing or densely populated countries, most children become infected before 3 years of age and symptoms may be mild or clinically inapparent.<sup>4,5</sup>

During the acute phase of illness, certain heterophile antibodies appear in 85%-90% of IM cases. These antibodies, known as IM heterophile antibodies, are primarily of the IgM class.<sup>6,7</sup> IgM to the viral capsid antigen appears early in infection and disappears within 4-6 weeks. IgG to the viral capsid antigen appears in the acute phase, peaks at 2-4 weeks after onset, declines slightly, and then persists for life.<sup>8</sup> Although the exact mechanism leading to IM heterophile antibody expression has not been determined, the antibodies are specifically associated with the disease. The IM heterophile antibodies are usually demonstrable 1 week after the onset of illness, peak at 2-4 weeks, and decline to low levels by 12 weeks.<sup>2</sup> Heterophile antibodies have been detected in patients' serum over 1 year after the onset of illness.<sup>9</sup>

Reliable laboratory diagnosis of IM has been performed for over 50 years based on the detection of IM heterophile antibodies. These heterophile antibodies are directed against antigens found in bovine, sheep and horse erythrocytes (QuickVue+ Mononucleosis Test utilizes an extract of bovine erythrocytes which gives a greater sensitivity and specificity than similar extracts prepared from sheep and horse erythrocytes).<sup>10,11</sup> The Forssman antibody, which can interfere with some IM heterophile antibody assays,<sup>7</sup> does not interfere with the QuickVue+ Mononucleosis Test.

## PRINCIPLE OF THE TEST

The QuickVue+ Mononucleosis Test assay uses Color ImmunoChromatographic Assay (CICA) technology for the qualitative detection of human heterophile IM antibodies (IgM class) in serum, plasma or whole blood.

The Reaction Unit consists of a plastic housing containing a membrane strip which provides the solid support for the immunochromatographic assay. The right end of the membrane provides contact with the sample well. The sample well contains an absorbent pad which provides an even flow of the sample fluid (from right to left) along the membrane. The first zone of the membrane (which is covered by the Reaction Unit label) is coated with blue latex beads that are conjugated to goat anti-human IgM antibodies (antibody-blue latex). Two agents are immobilized on the second zone of the membrane, which is exposed in the "Read Result" window. These agents include blue latex beads (non-conjugated) immobilized on the membrane to provide a pre-printed blue horizontal line. The second agent is a bovine erythrocyte extract, which is immobilized on the vertical line. The third zone of the membrane (exposed in the "Test Complete" window) contains an agent capable of binding the antibody blue latex to provide the vertical "Test Complete" line. An absorbent pad is situated at the left end of the membrane to retain fluid after the reaction is completed. A drying agent is enclosed in the Reaction Unit to stabilize the reactive agents.

In the Test Procedure, serum, plasma or whole blood is added to the "Add" well, followed by the addition of the Developer. As the sample/developer fluid moves by capillary action across the first zone of the membrane, it mobilizes the antibody-blue latex. The fluid continues to move the antibody-blue latex across the membrane to the immobilized bovine erythrocyte extract (antigen) zone. If the specific IM heterophile antibodies are present in the sample, a "sandwich" of solid phase/IM antibody/antibody-blue latex is formed. The vertical line will appear resulting in a positive sign (+) visible in the "Read Result" window, which indicates the presence of IM heterophile antibody. If the antibody is not detected, the "Read Result" window will only contain the preprinted blue horizontal line, indicating a negative (–) result. As the fluid continues to move the antibody-blue latex across the membrane, it comes in contact with the reagent in the "Test Complete" window. A blue line will appear, indicating the test is complete.

## REAGENTS AND MATERIALS SUPPLIED

*Each QuickVue+ Mononucleosis Test kit contains enough reagents and materials for 20 tests.*

- Reaction Units (20): Test strip contains anti-human IgM and immobilized extracted bovine erythrocyte antigens.
- Developer (5 mL): Detergent, 0.2% sodium azide
- Mono Negative Control (1 mL): Normal human serum diluted in saline solution, 0.2% sodium azide
- Mono Positive Control (1 mL): IgM heterophile antibody positive human plasma diluted in saline solution, 0.2% sodium azide
- Sample Pipettes (20)
- Capillary Tubes (20)
- Package Insert (1)
- Procedure Card (1)

## MATERIALS REQUIRED BUT NOT PROVIDED

- Vacutainer tubes: EDTA, heparin, or citrate for plasma and venipuncture whole blood procedure
- Finger Lancet for fingertip blood procedure
- Centrifuge

## WARNINGS AND PRECAUTIONS

- For *in vitro* diagnostic use
- DO NOT use after expiration date. DO NOT mix components from different lots or different kits.
- Use appropriate precautions in the collection, storage, handling and disposal of patient samples and used kit contents.
- Use of Nitrile or Latex gloves is recommended when handling patient samples.<sup>12</sup>

- DO NOT interchange caps among reagents.
- **Warning: Potential Biohazardous Material**  
Each donor unit of human serum or plasma used in the preparation of the Positive and Negative Controls was tested by an FDA-licensed method for the presence of the antibody to human immunodeficiency virus type HIV-1/HIV-2, as well as hepatitis B surface antigen (HBsAg) and anti-HCV, and found to be negative. Nevertheless, caution should be used in handling and disposing of these items at biosafety level 2, as recommended in the Centers for Disease Control/National Institutes of Health Manual, Biosafety in Microbiological and Biomedical Laboratories, 2007.
- To obtain accurate results, you must follow the Package Insert instructions.
- Testing should be performed in an area with adequate ventilation.
- Dispose of containers and unused contents in accordance with Federal, State and Local regulatory requirements.
- Wear suitable protective clothing, gloves, and eye/face protection when handling the contents of this kit.
- Wash hands thoroughly after handling.
- For additional information on hazard symbols, safety, handling and disposal of the components within this kit, please refer to the Safety Data Sheet (SDS) located at [quidel.com](http://quidel.com).

## KIT STORAGE AND STABILITY

Store kit at room temperature 59°F to 86°F (15°C to 30°C), out of direct sunlight. Kit contents are stable until the expiration date printed on the outer box. Do not freeze.

## SPECIMEN COLLECTION AND STORAGE

- Serum, plasma or whole blood (including fingertip blood) can be used. Specimens must be collected in a manner appropriate for laboratory testing.
- Whole blood containing EDTA, heparin, or citrate as an anti-coagulant may be used immediately without centrifugation; or may be stored at 2°C to 8°C for up to 72 hours.
- Fingertip blood should be tested immediately after the sample is taken.
- Plasma samples containing EDTA, heparin, or citrate as an anti-coagulant can be used.
- Serum or plasma samples can be stored at 2°C to 8°C for up to 72 hours, or below –20°C (–4°F) for three months. Samples should not be repeatedly frozen and thawed. Thawed samples should be inverted several times just prior to testing.
- Whole blood samples in which cell lysis has occurred will cause a red background to appear in the “Read Result” window. However, the result remains valid.

### ***Recommendations for Whole Blood Fingertip Sampling:***

- Wash patient’s hand with soap and warm water or clean with an alcohol swab. Allow to dry.
- Massage the hand without touching puncture site by rubbing down the hand and finger towards the tip.
- The side of the middle or ring finger is the preferred puncture site.
- Puncture the skin with the lancet. Wipe away first sign of blood.
- Gently rub the hand from wrist to palm to finger in order to form a rounded drop of blood over the puncture site. Avoid squeezing around the puncture site.
- **For Hanging Drop Sampling:** position the finger so that the drops of blood are just above the center of the “Add” well of the Reaction Unit.
- **For Capillary Tube Sampling:** touch the capillary tube to the blood until filled.

## QUALITY CONTROL

### *External Quality Control*

External controls may also be used to demonstrate that the reagents and assay procedure perform properly.

Quidel recommends that positive and negative controls be run once for each untrained operator, once for each new shipment of kits — provided that each different lot received in the shipment is tested — and as deemed additionally necessary by your internal quality control procedures, and in accordance with local, state, and federal regulations or accreditation requirements.

External Positive and Negative Controls are provided in the kit.

- **External Positive Control:** Put one drop of Positive Control in the “Add” well. Put five drops of Developer in the “Add” well. Process the control as you would a patient sample. A positive signal is indicated by a vertical blue line in the “Read Result” window, resulting in a positive sign (+).
- **External Negative Control:** Put one drop of Negative Control in the “Add” well. Put five drops of Developer in the “Add” well. Process the control as you would a patient sample. A negative signal is indicated by a horizontal blue line (–), in the “Read Result” window.

### *Internal Quality Control*

- **Internal Positive Procedural Control:** A blue line in the “Test Complete” window is considered an internal positive procedural control. If the test has been performed correctly and the Reaction Unit is working properly, this indicator will appear. If no blue color is visible in the “Test Complete” window after 10 minutes, the test result is invalid.
- **Internal Negative Procedural Control:** A clear background in the “Read Result” window is also considered an internal negative procedural control. If the test has been performed correctly and the Reaction Unit is working properly, the background will clear to give a discernible result.

### *Procedural Notes*

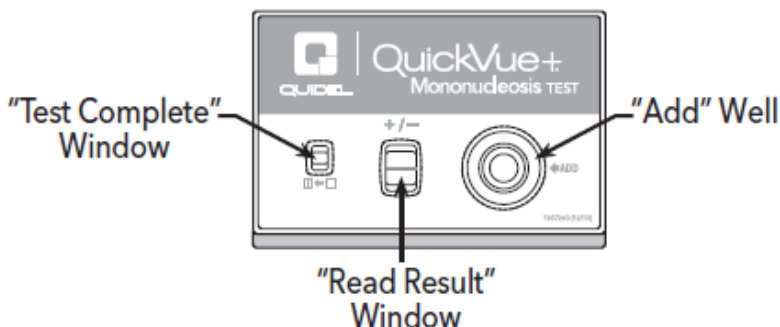
1. DO NOT open the foil pouch until you are ready to perform the test.
2. Several tests may be run at one time.
3. To avoid cross-contamination, use a new disposable Sample Pipette for each sample.
4. To avoid contamination, do not touch the tip of the Developer bottle to the Reaction Unit.
5. Commercial controls other than Quidel’s should not be used with QuickVue+ Mononucleosis Test because they may contain additives which will interfere with the test performance.

## TEST PROCEDURE – SERUM, PLASMA, WHOLE BLOOD

Read all of the procedural instructions before running patient samples.

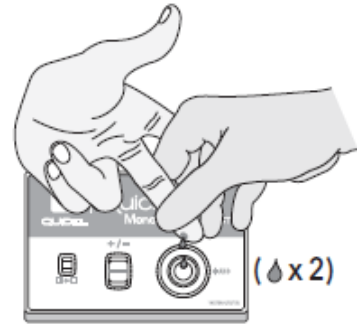
Remove the Reaction Unit from the pouch and place it on a well-lit and level surface.

**The “Read Result” window contains a horizontal blue line pre-printed on the membrane.**



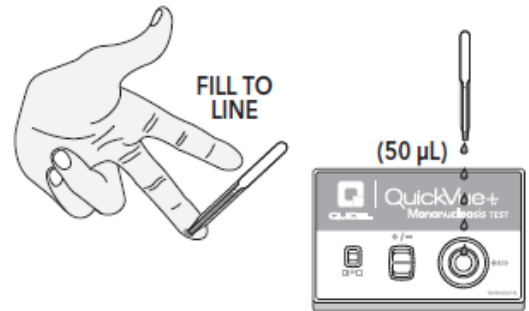
***Hanging Drop Procedure***

Add 2 hanging drops of fingertip blood directly to the center of the “Add” Well.



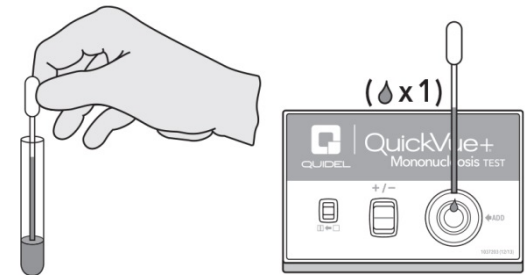
***Capillary Tube Procedure***

For fingertip blood, fill the Capillary Tube (50 µL) to line. Dispense all blood into the “Add” well.



***Venipuncture, Serum or Plasma Procedure***

For serum, plasma or whole blood samples in Tubes, use the Sample Pipette provided. Place one drop of sample in the “Add” well.



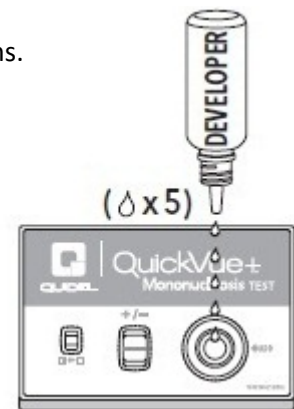
When adding drops, hold the Developer bottle vertically so that a complete drop forms. Add 5 drops of Developer to the “Add” well.

Read test result when ANY blue color appears in the Test Complete window (approximately 5 minutes).

Do not read test result after 10 minutes.



Refer to Interpretation of Results section for further information.

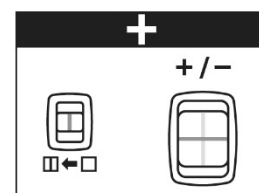
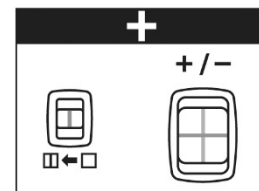


## INTERPRETATION OF RESULTS

FOR PATIENT SAMPLES, POSITIVE AND NEGATIVE CONTROLS

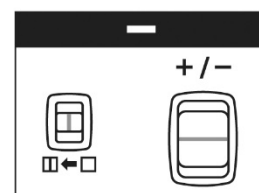
### Positive Result:

Any shade of a blue vertical line forming a (+) sign in the “Read Result” window along with the blue “Test Complete” line, is a positive result. **Even a faint blue vertical line should be reported as a positive.**



### Negative Result:

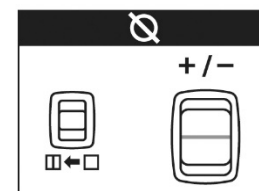
No blue vertical line in the “Read Result” window along with the blue “Test Complete” line is a negative result.



### Invalid Result:

Test result is invalid if after 10 minutes no blue color is observed in the “Test Complete” window.

An invalid result indicates either the test was not performed correctly or the reagents are not working properly.



Should an invalid result occur, re-test the sample using a new Reaction Unit.

If the problem continues, contact Technical Support (in the U.S.) at 800.874.1517. Outside the U.S., contact your local representative.

## LIMITATIONS

- As is the case of any other diagnostic procedure, the results obtained by this kit yield data that must be used in addition to other information available to the physician.
- QuickVue+ Mononucleosis Test is a qualitative test for the detection of IM heterophile antibodies.
- A negative result may be obtained from patients at the onset of the disease due to antibody concentration below the sensitivity of this test kit. If symptoms persist or increase in intensity, the test should be repeated.
- Some segments of the population who contract Infectious Mononucleosis do not produce measurable levels of heterophile antibodies. Approximately 50% of children under 4 years of age who have IM may test as IM heterophile antibody negative.<sup>4</sup>

## PERFORMANCE CHARACTERISTICS

QuickVue+ Mononucleosis Test was compared to two other commercially available test kits: an EIA, and a slide hemagglutination test. The results obtained using QuickVue+ Mononucleosis Test were substantially equivalent to the results obtained using these other tests and are summarized below.

**Table 1:** In this study, a total of five hundred eleven (511) serum, plasma and whole blood samples were tested using QuickVue+ Mononucleosis Test and a commercially available EIA.

	EIA Positive	EIA Negative
QuickVue+ IM Positive	74	1
QuickVue+ IM Negative	0	436
<b>Total</b>	74	437

Of the 511 samples, 74 were found to be positive by EIA and also positive by the QuickVue+ Mononucleosis Test; similarly, 437 were found to be negative by EIA and 436 were also negative by the QuickVue+ Mononucleosis Test.

Based on this data, **specificity was 99.8%** (436/437), and **sensitivity was > 99.9%** (74/74). **Overall agreement was 99.8%** (510/511).

**Table 2:** In this study, a total of five hundred eleven (511) serum, plasma and whole blood samples were tested using QuickVue+ Mononucleosis Test and a commercially available slide hemagglutination test.

	Slide Positive	Slide Negative
QuickVue+ IM Positive	74	1
QuickVue+ IM Negative	1	435
<b>Total</b>	75	436

Of the 511 samples, 75 were found to be positive by the slide hemagglutination test and 74 were also positive by the QuickVue+ Mononucleosis Test; similarly, 436 were found to be negative by the slide hemagglutination test and 435 were also negative by the QuickVue+ Mononucleosis Test.

Based on this data, **specificity was 99.8%** (435/436), and **sensitivity was 98.7%** (74/75). **Overall agreement was 99.6%** (509/511).

### *Interference Testing*

The following compounds were tested and did not interfere with the performance of the test.

Chemical Analytes	Concentration
Biotin	< 1761 ng/mL

### ASSISTANCE

If you have any questions regarding the use of this product, please contact Quidel Technical Support at 1.800.874.1517 (in the U.S.) or [technicalsupport@quidel.com](mailto:technicalsupport@quidel.com). If outside the U.S., further information can be obtained from your distributor, or directly from Quidel at one of the numbers listed below. Reference [quidel.com](http://quidel.com) to see more options for Support.

Country	Phone	E Mail Address
Europe, Middle East and Africa	+353 (91) 412 474 (main) 0 1800 200441 (toll free)	<a href="mailto:emeatechnicalsupport@quidel.com">emeatechnicalsupport@quidel.com</a>
Austria	+43 316 231239	
France	0 (805) 371674	

Germany	+49 (0) 7154 1593912	
Netherlands	0 800 0224198	
Switzerland	0 800 554864	
United Kingdom	0 800 3688248	
Italy	+39 (800) 620 549	
North America, Asia-Pacific, Latin America	858.552.1100	<a href="mailto:technicalsupport@quidel.com">technicalsupport@quidel.com</a>
Canada	437.266.1704 (main) 888.415.8764 (toll free)	<a href="mailto:technicalsupport@quidel.com">technicalsupport@quidel.com</a>
China	0400 920 9366 or +86 021 3217 8300	<a href="mailto:chinatechnicalservice@quidel.com">chinatechnicalservice@quidel.com</a>

## REFERENCES

1. Henle G., Henle W. and Diehl V. (1968) Proc. Nat. Acad. Sci. USA, 59:94-101.
2. Niederman J.C., McCollum R.W., Henle G. and Henle W. (1968) J.A.M.A. 203:139-143.
3. Glade P.S. (1973) Proceedings of Symposium of Infectious Mononucleosis, Philadelphia. J.B. Lippincott Co., pp. 1-19.
4. Fleisher G.R. (1984) In Belshe R.B. (ed.): Textbook of Human Virology. Littleton, Mass., PSG Publishing Co., pp. 853-886.
5. Schooley R.T. (1987) In Braunwald E. et al. (eds): Harrison's Principles of Internal Medicine, 11th ed. New York, McGraw-Hill Inc., pp. 699-703.
6. Paul J.R. and Bunnell W.W. (1932) Amer. J. Med. Sci. 183:90-104.
7. Davidsohn I. (1937) J.A.M.A. 108:289-296.
8. <http://www.cdc.gov/ncidod/diseases/ebv.htm>, accessed on April 27, 2010.
9. Evans A.S., Niederman J.C., Canabre L.C., West B. and Richards V.A. (1975) J. Infect. Dis. 132:546-554.
10. Bailey G.H. and Raffel S. (1935) J. Clin. Invest. 14:842-853.
11. Fletcher M.A. and Woolfolk B.J. (1971) J. Immunol. 107:842-853.
12. Biosafety in Microbiological and Biomedical Laboratories, 5<sup>th</sup> Edition. U.S. Department of Health and Human Services, CDC, NIH, Washington, DC (2007).

**REF** 20121 – QuickVue+ Mononucleosis 20 Test Kit

**IVD**



**EC REP**

MDSS GmbH  
Schiffgraben 41  
30175 Hannover,  
Germany







**Quidel Corporation**  
10165 McKellar Court  
San Diego, CA 92121 USA  
[quidel.com](http://quidel.com)

**1179903EN00 (08/21)**

---

**REF**

Catalogue number



CE mark of conformity

---

**EC REP**

Authorized Representative  
in the European Community

**LOT**

Batch code

---



Use by



Manufacturer

---



Temperature limitation



Intended use

---

**R<sub>x</sub> ONLY**

Prescription use only



Consult instructions for use

---

**IVD**

For *In Vitro* diagnostic use



Contains sufficient for 20 determinations

---

**CONT**

Contents/Contains

**CONTROL +**

Positive control

---

**CONTROL -**

Negative control

---