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SICKLE-CHECK

Screening Test for Haemoglobin - S

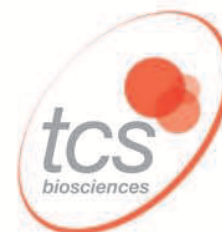


Information Pack 2012

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PRODUCT SHEET

SICKLE-CHECK Screening Test for Haemoglobin-S

The **SICKLE-CHECK** test offers a quick, convenient, economic screening based on the principle that the solubility of reduced sickle haemoglobin (HbS) is low compared to the solubility of normal haemoglobin (HbA).

The **SICKLE-CHECK** kits contain a reducing agent (sodium dithionite) and a phosphate buffer solution containing a haemolytic agent. These components are supplied in different quantities according to the number of tests to be performed. The 10 x 1 test kit (SC101) is designed for laboratories conducting a small number of tests on an occasional basis, whereas the larger test kits are designed for laboratories with a more frequent and regular testing requirement.

The **SICKLE-CHECK** test is performed as a simple screening test to detect the presence of HbS. When a positive screening test has arisen a centrifugation test may be conducted in order to distinguish the heterozygote (HbAS) from the homozygote (HbSS) sickle conditions.

It is recommended that all positive or suspect results be confirmed using electrophoretic separation or by anion exchange chromatography.

Product Code	Size	Price
SC101	10 x 1 tests	£17.40
SC425	4 x 25 tests	£55.40
SC125	1 x 25 tests	£14.20
SC510	5 x 10 tests	£28.45

SICKLE-CHECK SCREENING TEST FOR HAEMOGLOBIN - S
Product codes: SC101, SC425, SC125, SC510

The test can be performed in two ways:

- a. A screening test to detect sickle haemoglobin (HbS).
- b. A centrifugation test to differentiate the sickle cell trait (HbAS) from sickle cell anaemia (HbSS).

SCREENING TEST

1. Allow the HbS phosphate buffer to reach room temperature.
2. A known positive control sample should be assessed with each batch of tests.
3. For **SC425, SC125** and **SC510** (4x25, 1x25 and 5x10 test kits) prepare the test solution by dissolving the total contents of one vial of dithionite powder in one bottle of buffer.
 For **SC101** (10x1 test kit) open the vial and discard the grey rubber stopper and then prepare the test solution by adding 6ml Hb-S buffer to one sodium dithionite vial. In either case, mix thoroughly. (Any un-used mixture may be stored at 4°C for up to 14 days - the date of reconstitution should be noted on the bottle label).
4. Pipette 2.0ml of the reaction mixture into a 75 mm x 12 mm glass test tube and add 20µl of fresh whole blood (EDTA anticoagulated is preferable but heparinised may be used).
5. Mix thoroughly and allow the tube to stand for 5 minutes at room temperature.

NOTE: The resulting blood/buffer/dithionite mixture should be a purple-red colour. This colour should persist. If on the addition of blood to the buffer/dithionite the colour is bright red, this indicates that the reducing agent has deteriorated, and the solution will slowly turn to a pale straw colour. In this case, the test **MUST** be repeated with fresh buffer/dithionite mixture.

THE FAILURE TO RECOGNISE THE DETERIORATION OF THE REDUCING AGENT IS ONE OF THE MOST COMMON ERRORS IN REPORTING FALSE NEGATIVE HbS TESTS

SCREENING TEST RESULTS

After incubation, assess the turbidity of the solution.

POSITIVE RESULT: The solution is turbid, indicating presence of sickle haemoglobin (HbS).

NEGATIVE RESULT: The solution is transparent.

Turbidity may be assessed by looking at fine newsprint or lines printed on an HbS reading rack through the test solution. If the print cannot be read or the lines cannot be distinguished, the test is deemed positive. The reagents have been tested to detect HbS concentrations of about 10% of total haemoglobin content.

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False positive results may occur in the presence of abnormal proteins or in hyperlipidaemia, in such conditions the use of washed red cells (50% haematocrit) is advised.

False negative results may be found in cases of severe anaemia, in the new-born infant and during the first months of life. Recent transfusion therapy may also lead to false negative results.

In cases of severe anaemia the blood sample should be centrifuged to sediment the red cells and excess plasma pipetted off to give a haematocrit of 50%. The sample should then be re-mixed and tested as detailed above.

CENTRIFUGATION TEST

This test is recommended wherever a positive result is found in the screening test (to distinguish heterozygote (HbAS) from homozygote (HbSS) or in the case of equivocal results in the screening tests. Prepare tube as for screening test and wash into the buffer mixture 0.1ml of whole blood (haematocrit 40-50%). Mix thoroughly and centrifuge at RCF 1000 x g for 5 minutes. The centrifuge should NOT be braked. Alternatively the test solution may be filtered through a Whatman No 1 filter paper. This is desirable if haemolysates are used instead of whole blood. A normal blood and a known positive blood should be tested if available. If a known negative blood sample is not available the test sample itself may be used to allow comparison. In this circumstance the buffer should be diluted 50% with distilled water.

CENTRIFUGATION TEST RESULTS

Absence of HbS A clear or opalescent red solution of reduced haemoglobin showing a greyish protein on the surface.

Haemoglobin AS (sickle trait), SC or SD disease The solution of reduced haemoglobin will be clear and pink. The HbS separates to the surface as a dark red band which is easily distinguishable from the grey protein seen with a normal blood sample.

Haemoglobin SS (sickle cell anaemia) The solution will be clear and straw coloured, all the haemoglobin being found as a dark red band at the surface.

When filtration is used in place of centrifugation a red precipitate on the filter paper is indicative of the presence of sickle haemoglobin. The presence of other haemoglobins is indicated by the colour of the filtrate.

REMEMBER - CHECK ALL POSITIVE OR SUSPECT RESULTS BY CONFIRMING THE PRESENCE OF ABNORMAL HAEMOGLOBIN BANDS ON ELECTROPHORETIC SEPARATION OR BY ANION EXCHANGE CHROMATOGRAPHY.

REFERENCES

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European conformity according to the "IN-VITRO MEDICAL DEVICES DIRECTIVE 98/79/EC, ANNEX III". Manufactured by TCS Biosciences Ltd.