MIKROGEN

Mycobacterium tuberculosis

EVI

T-Track® TB

RT-qPCR assay as an aid in the diagnosis of M. tuberculosis infection (including active disease), via highly sensitive determination of the relative expression of TB antigen-induced, specific markers.

According to the World Health Organization (WHO), tuberculosis (TB) is one of the top 10 causes of death worldwide. TB is caused by *Mycobacterium tuberculosis*. It typically affects the lung (pulmonary TB) but can also affect other organs (extrapulmonary TB). About 25% of the world's population is latently infected with *M. tuberculosis* and at risk of developing active TB disease if not treated. Patients under immunsuppression, e.g. therapeutically induced in case of transplantations or rheumatic disorders, are especially at risk. T-Track® TB is a qualitative diagnostic test, suitable for screenings, to determine TB-specific reactivity of T-cells. Based on a patented technology, this RT-qPCR-based test is intended for use as an aid in the diagnosis of *M. tuberculosis* infection (including active disease). The T-Track® TB assay consists of two diagnostic kits:

- **1. T-Track® TB Stimulation:** Stimulation of TB-specific immune cells, via incubation with TB antigens, followed by stabilization of RNA.
- **2. T-Track® TB Quant PCR:** Measurement of the relative expression of specific classification markers via reverse transcription and quantitative PCR (RT-qPCR). Software based analysis.

Differential expression levels of the classification markers in stimulated and unstimulated blood samples may indicate an infection with *M. tuberculosis*. Results must be interpreted within the context of all relevant clinical and laboratory findings.

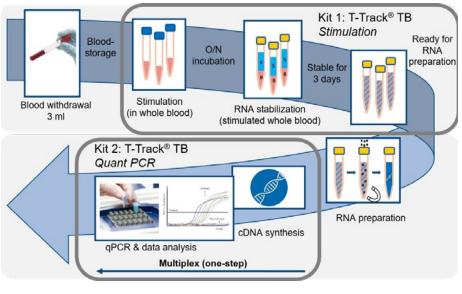


T-Track® TB: T-cell assay for improved diagnostics

- CE-marked IVD (in vitro diagnostic product) RT-qPCR
- Aid in the diagnosis of M. tuberculosis infection (including active disease)
- Highly-sensitive, patented technology: Including marker also for the early phase of infection
- Measurement and analysis of the relative expression of the specific markers IFNG and CXCL10, after *in vitro* stimulation of immune cells with the TB antigens ESAT-6 und CFP-10
- Easy handling, standardized and semi-automated processing
- Software based analysis

T-Track® TB	Kit 1: T-Track® TB Stimulation	Kit 2: T-Track® TB Quant PCR	
Kit components	 TB antigens ESAT-6 and CFP-10 Stimulation Control (PHA) RNA Stabilizer Instructions for use 	 Reaction Mix (DNA polymerase) Enzyme (reverse transcriptase) Primer & Probe-Mix Positive Control Negative Extraction Control Instructions for use T-Track® TB Analysis Tool software 	
TB antigens/marker	ESAT-6: early secretory antigenic target (6 kDa)	IFNG: Interferon gamma	
	CFP-10: culture filtrate protein (10-kDa)	CXCL10 (IP-10): C-X-C motif chemokine 10	
Stimulation/RT-qPCR	The stimulation of human whole blood with TB antigens leads to reactivation of TB-specific immune cells and induces the expression of specific markers.	Measurement of expression levels of TB-specific expressed mRNA. Standardization via RPLP0 (house keeping gene) and analysis using a software tool.	
Starting material	3 ml whole blood (heparinized)	Stabilized RNA from kit 1	

Test principle and procedure



- Blood withdrawal: Heparinized blood needed (only 3 ml per patient)
- Stimulation:
 Stimulation via M. tuberculosis
 proteins ESAT-6 & CFP-10;
 no cell preparation necessary
- RNA stabilization:
 Ready to use stabilizer;
 sample storage possible after
 stabilization (up to 72 hours)
- RNA preparation
- RT-qPCR: Multiplex, incl. internal control
- Easy evaluation: T-Track® TB Analysis Tool software

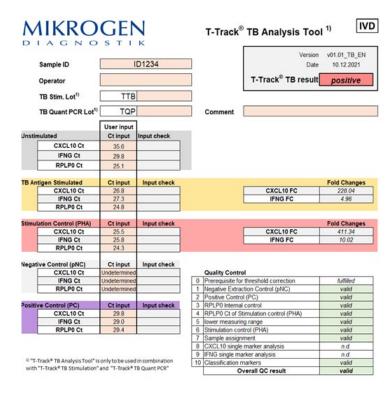
Evaluation of clinical sensitivity and specificity

The suitability of T-Track® TB as an aid in the diagnosis of TB infection was evaluated in 107 donors in total. 51 of 53 patients suffering from an active TB disease (culture-confirmed or verified by the combination of PCR and microscopy results) were classified as "positive" via T-Track® TB. This corresponds to a sensitivity of 94.8%. In a second group of patients who have no diagnosis for TB infection, 49 of 54 patients were classified as "negative" via T-Track® TB. This corresponds to a specificity of 94.0%.

	Sensitivity	Specificity	Precision
T-Track® TB	94.81% (CI 87-98.36)	94.03% (CI 85.2-98.09)	94.44% (CI 89.26-97.32)

In 1.4% of the cases no evaluation could be performed. CI, confidence interval

Evaluation of the results with T-Track® TB Analysis Tool software



The T-Track® TB Analysis Tool is a software for qualitative evaluation of measured values determined by T-Track® TB.

The Ct-values measured for each patient sample and controls by RT-qPCR can be entered in the T-Track® TB Analysis Tool. The software checks sample validity and calculates the qualitative classification results.

Positive:

TB-reactive T-cells were detected. An infection with *M. tuberculosis* (latent/active) is probable.

Negative:

TB-reactive T-cells were not detected. An infection with *M. tuberculosis* (latent/active) is not probable.

Minimal system requirements:

- Microsoft® Windows® 7 with service pack 1 (SP1)
- .Net Framework Version 4.5
- Excel 2013 or higher

Article no. Storage

11001004 T-Track® TB Stimulation (Reagents for the analysis of 10 patient samples) at +2°C - +8°C T-Track® TB Quant PCR (34 reactions) at -25 C - 15°C