

<http://www.lifeassay.com/home.php>

http://www.lifeassay.com/products_rapid_diagnostic_typhoid-fever-human.php

Test-it Range of Products

Test-it Lateral Flow Rapid Tests (RDTs) for typhoid fever in humans

Produce by : Life Assay Diagnostics (Pty) Ltd, Cape Town, South Africa

- **Typhoid** fever is caused by the Gram-negative bacterium known as *Salmonella enterica* serotype Typhi. The clinical presentation of typhoid fever varies from a mild illness with low-grade fever, malaise, and slight dry cough to a severe clinical picture with abdominal discomfort and multiple complications. Laboratory testing is essential because signs and symptoms may resemble those of other major infectious diseases. The Test-it™ Typhoid IgM lateral flow assay provides an indirect measure for infection through the detection of pathogen specific antibodies. Specific IgM antibodies usually develop early in the diseases. The assay is a relatively simple and rapid assay that may be used as a point-of-care test in the field or at the bed-side. It does not require special training, equipment, electricity or refrigeration. Results are obtained in 15 minutes. The assay devices and the running fluid may be stored at +4°C to +28°C.

Product code: **TYP001**

The Test-it™ Typhoid lateral flow device detects disease specific IgM antibodies in human serum or whole blood samples antibodies in humans against Typhoid in whole blood or serum.

Pack size 25 tests per kit.

Product evaluations:

Theresia H. Abdoel, Rob Pastoor, Henk L. Smits, **Mochammad Hatta**. Laboratory evaluation of a simple and rapid latex agglutination assay for the serodiagnosis of typhoid fever. *Transactions of the Royal Society of Tropical Medicine and Hygiene, London* 101, 1032—1038 (2007).

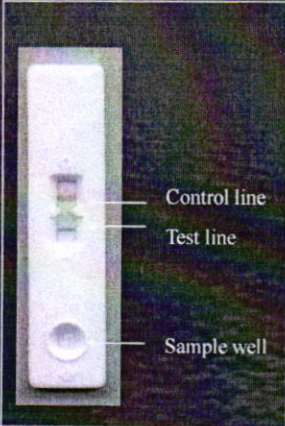
Rob Pastoor, **Mochammad Hatta**, Theresia H. Abdoel, Henk L. Smits. Simple, rapid, and affordable point-of-care test for the serodiagnosis of typhoid fever. *Diagnostic Microbiology and Infectious Disease, USA*. 61, 129–134 (2008).

Mochammad Hatta, Marga G. A. Goris, Evy Heerkens, Jairo Gooskens, Henk L. Smits. Simple dipstick assay for the detection of *Salmonella typhi*-specific Igm antibodies and the evolution of the immune response in patients with typhoid fever. *Am. J. Trop. Med. Hyg., USA*. 66(4), pp. 416–421 (2002).

Mochammad Hatta, Henk L Smits, George C Gussenhoven, Jairo Gooskens.
Introduction of a rapid dipstick assay for the detection of leptospira-specific immunoglobulin M antibodies in the laboratory diagnosis of leptospirosis in a hospital in Makassar, Indonesia. *Southeast Asian J Trop Med Public Health* Vol 31 No. 3 September 515-520 (2000).

TYPHOID Lateral Flow Method

- Add 5 μ l serum
- Add 130 μ l sample fluid
- Wait 10 minutes
- Read result



Contact Us

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REPUBLIK INDONESIA
KEMENTERIAN HUKUM DAN HAK ASASI MANUSIA

SURAT PENCATATAN CIPTAAN

Menteri Hukum dan Hak Asasi Manusia Republik Indonesia, berdasarkan Undang-Undang Nomor 28 Tahun 2014 tentang Hak Cipta yaitu Undang-Undang tentang perlindungan ciptaan di bidang ilmu pengetahuan, seni dan sastra (tidak melindungi hak kekayaan intelektual lainnya), dengan ini menetapkan bahwa hal-hal tersebut di bawah ini telah tercatat dalam Daftar Umum Ciptaan:

- I. Nomor dan tanggal permohonan : DC00201705838, 27 November 2017
- II. Pencipta
- Nama : MARNI BR. KARO, S.Tr.Keb, S.KM, M.Kes
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- Kewarganegaraan : Indonesia
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- Nama : LPPM UNIVERSITAS HASANUDDIN ; PROF. Dr. Ir. LAODE ASRUL, MP
- Alamat : JL. PERINTIS KEMERDEKAAN KM. 10 TAMALANREA, MAKASSAR, SULAWESI SELATAN, 90245
- Kewarganegaraan : Indonesia
- IV. Jenis Ciptaan : Karya Tulis
- V. Judul Ciptaan : ANALISIS EFEK EKSTRAK DAUN MIANA TERHADAP EKSPRESI mRNA IL-37 PADA MENCIT BALB/c MODEL KANDIDIATIS VULVOVAGINAL

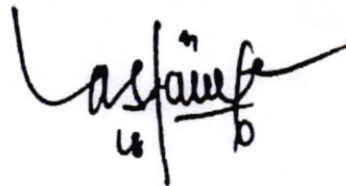
VI. Tanggal dan tempat diumumkan : 15 Juni 2017, di NEW DELHI
untuk pertama kali di wilayah
Indonesia atau di luar wilayah
Indonesia

VII. Jangka waktu perlindungan : Berlaku selama 50 (lima puluh) tahun sejak Ciptaan tersebut
pertama kali dilakukan Pengumuman.

VIII. Nomor pencatatan : 05161

Pencatatan Ciptaan atau produk Hak Terkait dalam Daftar Umum Ciptaan bukan merupakan pengesahan atas isi, arti, maksud, atau bentuk dari Ciptaan atau produk Hak Terkait yang dicatat. Menteri tidak bertanggung jawab atas isi, arti, maksud, atau bentuk dari Ciptaan atau produk Hak Terkait yang terdaftar. (Pasal 72 dan Penjelasan Pasal 72 Undang-undang Nomor 28 Tahun 2014 Tentang Hak Cipta)

a.n. MENTERI HUKUM DAN HAK ASASI MANUSIA
REPUBLIK INDONESIA
DIREKTUR JENDERAL KEKAYAAN INTELEKTUAL
u.b.
DIREKTUR HAK CIPTA DAN DESAIN INDUSTRI



Dr. Dra. Erni Widhyastari, Apt., M.Si.
NIP. 196003181991032001

Lampiran (Attachments)

- Surat Pernyataan Kepemilikan
- Surat Pengalihan Hak
- Gambar
- Deskripsi
- Klaim
- Abstrak
- Dokumen Lainnya

Jakarta, 2017-12-15

Pemohon / Kuasa

Applicant / Representative

Tanda tangan / Signature

Nama lengkap / Full Name Karwil Sulawesi Selatan



FORMULIR PERMOHONAN PENDAFTARAN PATEN INDONESIA
APPLICATION FORM OF PATENT REGISTRATION OF INDONESIA

Data Permohonan (Application)

Nomor e-Filing Number of e-Filing	: WFP2017023967	Tanggal Permohonan Date of Submission	: 2017-12-15
Nomor Permohonan Number of Application	: S15201709181	Jumlah Klaim Total Claim	: 2
Jenis Permohonan Type of Application	: Paten Sederhana Non UMKM	Jumlah Halaman Total Page	: 10
Judul Title	: PEMANFAATAN EKSTRAK DAUN MIANA (COLEUS SCUTELLARIOIDES (L) BENTH) SEBAGAI ANTI FUNGISTATIN		
Abstrak Abstract	: INVENSI INI BERHUBUNGAN DENGAN SUATU EKSTRAK YANG DIPEROLEH DARI DAUN MIANA, LEBIH KHUSUS LAGI EKSTRAK TERSEBUT MEMILIKI AKTIVITAS SEBAGAI ANTI-FUNGIOSTATIN PADA DOSIS 750 mg/kg BB.		

Permohonan PCT (PCT Application)

Nomor PCT PCT Number	:	Nomor Publikasi Publication Number	:
Tanggal PCT PCT Date	:	Tanggal Publikasi Publication Date	:

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Data Prioritas (Priority Data)

Negara (Country)	Nomor (Number)	Tanggal (Date)
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Kuasa/Konsultan KI (Representative/IP Consultant)

Nama (Name)	Alamat (Address)	Surel/Telp. (Email/Phone)
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WHO Malaria RDT Web Reviews

Review Coordinator Summary: Final

Paper code: 1/09

Origin: Indonesia

Title: POINT – OF - CARE TESTING FOR MALARIA OUTBREAK MANAGEMENT	Authors: Ratnawati, Mochammad Hatta, Henk L Smits <i>Transactions of the Royal Society Tropical Medicine and Hygiene (2008) 102, 699-704</i>
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RDT product(s):	Rapid One Step Malaria test. Arista Biologicals Inc.Allentown, PA.USA
Target antigens:	HRP2, pLDH
Comparative standard(s):	Microscopy
Trial type: Accuracy / Cost-benefits/ public health impact /ease of use / behavioral:	Accuracy of One Step Malaria test to diagnose Pf and Pv during a malaria outbreak emergency, No cost benefits noted, PHL effect and ease of use was discussed
*Usefulness of paper (rated by reviewers): 3	
Major findings/implications:	<ul style="list-style-type: none"> ▪ Compared to microscopy the One Step Malaria test was easy to perform without significant training ▪ The one Step Malaria test gave results in a shorter time than examination of blood films. ▪ The ability of the RDT to cope with large numbers of samples is advantageous

Trial type

The accuracy of the One Step Malaria test was evaluated against expert microscopic diagnosis during an outbreak of malaria during 2006 on a remote Island of Sapuka Betar in the Pankep District of Southern Sulawesi Province. There were 2 Primary Health centres (Puskesmas) manned by nurses only and the Research team presence was incidental.

89 febrile patients presented diagnosed as malaria and all patients with ≥ 2 days of fever and/or flu like symptoms were entered into the study (4.3% of population). Average length of fever was 3.6days, m/f ratio was 0.9 and average age 25.7 yrs.

Blood samples were collected from all patients and Giemsa stained thick and thin films were prepared. A heparin anti-coagulated sample from each case was frozen and later used for the Rapid One Step test.

An experienced technician from the research team examined the slides and the slides were rechecked by a parasitologist in Makassar. No comment on blinded reading of slides is made.

Parasite densities were calculated against the assumption of 8000 wbc/1mm³ of blood.

The Rapid One step Malaria test consists of 2 detection antibody capture lines, HRP2 and pan pLDH and was conducted following the instructions from the manufacturer on the samples 1 year after collection. Storage at 2-30°C was considered as there may be a problem in tropical climates. No comment on prior training or experience with the RDT is given.

Permission for the study was given by the Island leader and verbal consent obtained from all patients.

Results and analysis:

78 Giemsa stained films were positive for malaria parasites.

49 (62.8%) were *P falciparum*, 7 were *P vivax* and 22 having mixed Pf/Pv infections

11 additional healthy patients were diagnosed with malaria due to signs and symptoms and response to treatment.

Sensitivity for microscopy was estimated as 87.6% (95% CI) confirmed by the second reader.

Parasite density: Median parasite density was 346 parasites/ μ l and was similar for *P falciparum* mono-infections, *P vivax* mono-infections and mixed infections.

Rapid One Step Malaria test results were positive with 43 (87.8%) patients with *P falciparum*, 7 with *P vivax* and 22 with mixed infections.

The RDT also diagnosed 9 of the 11 microscopically negative clinically positive patients as *P falciparum* and one as a non-falciparum malaria.

Overall the Rapid One Step Malaria test diagnosed 81 (sensitivity 91%, 95%CI) of the Giemsa slide positive and negative patients. 39 were *P falciparum* mono-infections, 3 other slide positive *P falciparum* mono-infections were considered to be mixed infections by the RDT, and in one case a mono-infection with a non-*P falciparum* was noted.

All mono infection *P falciparum* cases negative with the RDT had parasite densities <50 parasites/ μ l

***Usefulness of paper (rated by reviewers): 3**

* 1. No direct relevance. 2. Very unlikely to influence current practice. 3. Likely to influence current practice in some settings. 4. Likely to influence current practice in many areas. 5. Highly likely to influence current practice in many areas.

Disclaimer:

The views expressed in this report are those of the independent reviewers and do not necessarily reflect the views or policies of the World Health Organization.