Staphylococcus Aureus Latex Agglutination Test

Cat. No.: DLAT1089
Pkg. Size: 25T

**Intended use**

The Staphylococcus Aureus Latex Agglutination Test is a slide agglutination assay for the qualitative detection of coagulase (both clumping factor and protein A) to identify Staphylococcus aureus to the exclusion of other species of staphylococci. This test is for use on pure culture samples suspected of being S. aureus. The Staphylococcus Aureus Latex Agglutination Test does detect methicillin resistant S. aureus (MRSA) strains that produce clumping factor and protein A.

**General Description**

Although staphylococci are commonly found on the skin and mucous membranes, they have been associated with many human and animal infections. S. aureus, coagulase positive staphylococci, has been identified as a cause of suppurative infections, food poisoning, toxic shock syndrome and has been isolated from nearly all anatomical sites.

**Principle Of The Test**

The coagulase tube test has long been accepted as the standard procedure routinely used for the identification of S. aureus. This and other procedures typically require 24 to 48 hours to complete. Essers and Rodebold have shown that staphylococci can be differentiated by a rapid slide latex agglutination procedure with the same reliability as the tube coagulase method. The Staphylococcus Aureus Latex Agglutination Test is a test of this nature, utilizing plasma-coated latex particles that will simultaneously bind both clumping factor and protein A. The aggregation of the latex reagent upon mixing with a culture sample, within 45 seconds, represents a positive reaction. This test is easily visible to the unaided eye and has been shown to correlate 91% in one study and 100% in another study with the tube coagulase test.

**Reagents And Materials Provided**

1. LATEX REAGENT: 1.25 ml
   Suspended inert plasma-coated latex particles, with 0.1% Sodium Azide as preservative.
2. REACTIVE CONTROL: 0.5 ml
   Suspensions of non-viable control organisms with 0.2% Sodium Azide and 0.2% Gentamicin Sulfate as preservatives.
3. NONREACTIVE CONTROL: 0.5 ml
   Suspensions of non-viable control organisms with 0.2% Sodium Azide and 0.2% Gentamicin Sulfate as preservatives.
4. Test Cards (10-well): 3
5. Disposable Stirrers: 25

**Materials Required But Not Supplied**

1. Timing Device
2. S. aureus organism, ATCC 25923 strain (positive control)
3. S. epidermidis organism, ATCC 12228 strain (negative control)
4. Biohazard receptacle

**Storage**
Specimen Collection And Handling

1. Use only pure, 24-hour cultures, grown on 5% sheep blood agar plates.
2. Handle cultures using standard biohazard techniques.
3. Samples to be sent out for testing should be placed on ice packs and package like any other biohazardous material that could potentially transmit infection.

Reagent Preparation

1. Allow all reagents and samples to warm to room temperature (20°C-30°C) before use. Remove reagents from foam holders. Do not heat reagents in a water bath.
2. LATEX REAGENT AND CONTROLS are ready for use as supplied. Gently mix the reagents before use; avoid foaming.

Assay Steps

1. Add a drop of the LATEX REAGENT to a well of the test card.
2. Using a disposable stirrer, collect a visible amount of an isolated colony about 2 mm in size from the overnight culture grown on 5% sheep blood agar plate.
3. Emulsify the culture sample in the LATEX REAGENT on the card. Discard the stirrer into an appropriate biohazard container.
4. Add one free-falling drop of REACTIVE or NONREACTIVE CONTROL from the dropper vial supplied. Note the location of each sample by using the numbers located below and to the left of each circle.
5. Gently tilt and rotate the card in a complete circular motion for up to 45 seconds, or until agglutination is evident, whichever comes first. Positive reactions usually occur within 15-20 seconds.
6. View the mixture on the card, using only a high intensity light source. Do not use a magnifying lens.
7. Record the results. Dispose of the card into an appropriate biohazard container.

Quality Control

Quality control requirements must be performed in accordance with applicable local, state and/or federal regulations or accreditation requirements and your laboratory’s standard Quality Control Procedures. If control samples do not yield the expected response, the assay should be considered invalid and the assay repeated. If the repeat assay does not elicit the expected results for the control samples, discontinue use of the kit.
1. To check for auto agglutination, add one drop of LATEX REAGENT to a slide. No degree of agglutination should occur.
2. For a positive control, use either the liquid control or a known S. aureus control organism (ATCC 25923 strain) grown overnight at 37°C on 5% sheep blood agar plates and treat as in the Assay Protocol.
3. For a negative control, use either the liquid control or a known S. epidermidis control organism (ATCC 12228 strain) grown overnight at 37°C on 5% sheep blood agar plates and treat as in the Assay Protocol.
If control samples do not yield the expected response, the assay should be considered invalid and the assay repeated. If the repeat assay does not elicit the expected results for the control samples, discontinue use of the test.

Interpretation of Results

NEGATIVE: Smooth suspension with no visible agglutination after 45 seconds.
POSITIVE: Any degree of agglutination as compared to the negative control.

Interferences
Bacterial contamination of reagents or specimens may cause false positive results.

**Precautions**

1. LATEX REAGENT AND CONTROLS contains sodium azide. Azides in contact with lead and copper plumbing may react to form highly explosive metal azides. When disposing of reagents containing azide, flush down the drain with large quantities of water to prevent azide build-up.
2. Do not pipet by mouth.
3. Do not smoke, eat, drink or apply cosmetics in areas where patient samples are handled.
4. Any cuts, abrasions or other skin lesions should be suitably protected.
5. In order to obtain reliable and consistent results, the instructions in the package insert must be strictly followed. Do not modify the handling and storage conditions for reagents or samples.
6. Do not use past the expiration date indicated on the kit.
7. Do not interchange components of one kit with those of another kit.

**Limitations**

1. *Staphylococcus Aureus* Latex Agglutination Test does detect methicillin resistant *S. aureus* (MRSA) strains that produce clumping factor and protein A.
2. Strains of some *S. aureus* which do not possess clumping factor and protein A may give negative results in the test. Additional biochemical tests may be necessary to assist in identification.
3. Occasionally a culture sample may cause LATEX REAGENT to appear stringy or speckled and not demonstrate typical agglutination. This result necessitates further biochemical testing to identify the organism.
4. False positive results may occur with *S. saprophyticus* for protein A and therefore cause misidentification as *S. aureus*. Protein A determinations should not be performed alone, especially on cultures from urine.
5. Less than heavy suspensions of the test organism can be used, but reactions tend to be weaker and slower in agglutinating and may lead to erroneous results.
6. Rough strains of staphylococci and yeasts frequently cause nonspecific reactions and should therefore be distinguished by morphological criteria.
7. Some streptococci possess plasma protein-binding factors; and several species, such as members of the enterobacteriaceae, nonspecifically agglutinate latex particles.
8. Gram stains should be performed to ensure that only organisms with staphylococcal morphology are tested.
9. Media such as mannitol salt agar, containing high salt concentrations, inhibit protein A production and can cause false negative reactions.
10. Temperature of the REAGENTS and samples is crucial to test outcome. It should be between 20°C and 30°C.
11. Reaction times longer than specified might cause false positive results due to a drying effect.
12. In accord with all diagnostic methods, a final diagnosis should not be made on the results of a single test, but should be based on a correlation of test results with other clinical findings.

**REFERENCES**