MASTALEX™ - MRSA

For the detection of penicillin binding protein 2' and confirmation of Methicillin Resistant *Staphylococcus aureus*.

With the high prevalence of MRSA worldwide and the increasing problem of epidemic nosocomial multi-drug resistant strains, appropriate management and treatment of infection is important. Recent research suggest that it is more appropriate to either directly detect the *mecA* gene coding for methicillin resistance or its product PBP2', when identifying MRSA. Some methods can take time and are too expensive for routine testing.

MASTALEX™- MRSA is a sensitive and rapid slide agglutination assay, which detects PBP2' present in MRSA, using latex sensitised with a monoclonal antibody directed against PBP2'.

- Convenient latex format
- Rapid turn round time
- Cost effective
- Sensitive
- User friendly

Clear and easy to read
Results available in 5 to 10 minutes
May be used for screening or diagnosis
Uses monoclonal antibody directed against PBP2'
Colour coded reagents
Principle of the Test

Organisms grown on suitable culture media and believed to be *Staphylococcus aureus*, are emulsified in an extraction reagent, boiled for a set period of time, neutralised and centrifuged. A specified volume of supernatant liquid is mixed with a drop of test latex sensitised with a monoclonal antibody directed against PBP2" and control (unsensitised) latex on a test card. The cards are rotated for a defined length of time and examined for agglutination. A positive reaction observed with the test latex only indicates that the organism contains PBP2" and should be reported as a presumptive methicillin-resistant *Staphylococcus aureus* (MRSA).

Packaging and Ordering Details

MASTALEX™-MRSA is presented as a kit for the performance of 48 tests.

Order code: RST501.

Stability and Storage

MASTALEX™- MRSA should be stored at 2°-8°C and may be used until the expiry date given on the label.

Do not freeze reagents.

Limitations of use

1. Some organism strains may have a low level of methicillin resistance or in rare cases produce PBP2" in low amounts. Antibiotic susceptibility testing is recommended for such cases.

2. Indeterminate results should be retested. When doing so ensure that the heating and centrifugation steps are followed as given in the procedure. If on retesting the sample still gives an indeterminate result, antibiotic susceptibility testing should be performed.

3. The test is designed for presumptive identification of MRSA organisms. Other organisms producing the PBP2" gene product may also give a positive result.

References


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