

Department:	Laboratory and Blood Bank (Microbiology)		
Document:	Internal Policy and Procedure		
Title:	Clostridium Difficile Toxins A & B Detection		
Applies To:	All Laboratory Staff		
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1. PURPOSE:

- 1.1 To establish system and responsibilities for Clostridium Difficile Toxins A & B Detection in Stool.

2. DEFINITIONS:

General Information & Clinical Significance

- 2.1 Clostridium Difficile Toxins A & B is a diagnostic tool used to detect the presence of toxins A & B produced by the bacterium Clostridium difficile in stool samples. **Toxins are the hallmarks of the infection.**
- 2.2 Clostridium Difficile Toxins A & B are responsible for symptoms of C. difficile infection, which can range from diarrhoea to severe colitis, in rare cases, toxic mega colon or death.
- 2.3 Early & accurate diagnosis is crucial for timely treatment & prevention of complications.
- 2.4 C. difficile infection can also lead to hospital acquired infections, so testing is important for infection control & patient safety.

3. POLICY:

- 3.1 This assay helps to diagnose C. difficile associated disease.
- 3.2 Unpreserved Stool specimens are the specimens of choice. Specimen should be collected and transported in an airtight container.
- 3.3 Specimen should be tested as soon as possible. For any expected delay, keep at 2-8°C for maximum 4 days; otherwise keep it at -20°C for longer storage (up to 3 freeze thaw cycles are accepted).
- 3.4 Any positive result will be notified to the ordering physician as it helps guide treatment decisions.

4. PROCEDURE:

- 4.1 Specimens:
 - 4.1.1 Unpreserved stool specimen in an airtight container.
 - 4.1.2 Any suspected delay in transport or processing, keep in the fridge (at 2-8 °C).
- 4.2 Processing of specimens:
 - 4.2.1 Bring specimens & reagents to room temp. (20-25°C) before processing.
 - 4.2.2 Stool specimen must be mixed thoroughly before testing ,regardless of its consistency, to ensure representative specimen prior to testing.
 - 4.2.3 Label one test tube for each patient, positive & negative control.
 - 4.2.4 Add 200ul diluent & 150ul conjugate to each tube
 - 4.2.5 Add 25ul or 2mm of stool to corresponding tube (according to its consistency) & one drop of each control. Mix well & let stand for 5 min. after that vortex diluted specimens for 10 sec.
 - 4.2.6 Label Immune cards same as test tubes & add 150ul of the diluted specimen to each of the 2 sample ports of the corresponding test card. Same for positive & negative controls cards.
 - 4.2.7 Incubate for 5 min at RT (till reaction well are completely wet), then add 150ul (3 drops) of wash buffer to each reaction port of each card.

- 4.2.8 When the wash buffer is completely absorbed, add 3 drops of the substrate to each reaction port.
- 4.2.9 Incubate for 5 min at RT, then read cards visually.
- 4.3 Interpretation of results:
 - 4.3.1 Reading of Immune cards:
 - 4.3.1.1 Positive test result: blue colour appear in both the test and control reaction ports
 - 4.3.1.2 Negative test result: blue colour appear in control reaction ports Only. The test reaction port must be colourless. A negative test result indicates that the toxins are absent or below detection limit. The test is invalid if:
 - 4.3.1.2.1 No detectable blue colour in the control reaction port.
 - 4.3.1.2.2 A blue ring on the plastic frame surrounding the test port during the test procedure.
- 4.4 Quality control:
 - 4.4.1 Each test card contains an internal control. In addition to positive control reagent & sample diluent can be used as negative control.

5. MATERIAL AND EQUIPMENT:

- 5.1 ImmunoCard Toxins A&B detection Kit; meridian bioscience

6. RESPONSIBILITIES:

- 6.1 The assigned technician/ technologist for microbiology lab.
- 6.2 The C. Pathology Specialist/ Consultant.

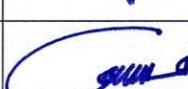
7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

- 8.1 ImmunoCard Toxins A&B detection Kit; meridian bioscience
- 8.2 <https://www.mayoclinic.org>: Clostridium difficile infection – diagnosis & treatment.

9. APPROVALS:

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