

**Actorfemme™ Home Urinary Tract Infection Test (UWI)**  
Vir gebruik vir *in-vitro* diagnose en selftoets  
**Bewaar by kamertemperatuur (15-30 °C)**

**VOORGEMOENE GEBRUIK**

Urienweginfeksie is 'n ernstige gesondheidsprobleem wat miljoene mense elke jaar affekteer. Die urienstelsel bestaan uit die niere, ureters, blaas en uretra. Die niere verwyder oortollige vloeistof en afval in die vorm van urien uit die bloed en behou 'n stabiele balans van soute en ander stowwe in die bloed. Dun buise genaamd ureters vervoer urien vanaf die niere na die blaas wat 'n driehoekige sak in die laer buik is. Urin word in die blaas gestoor en deur die uretra geleid.



Figuur 1: Anatomie van die urienweg

Die gemiddelde volwassene passeer tussen 0,8 en 2,6 liter urien per dag. Die hoeveelheid urien wissel afhangende van die vloeistowwe wat 'n persoon drink. Die volume wat in die nag gevorm word, is ongeveer die helfte van wat in die dag gevorm word.

Normale urien is steriel en bevat vloeistowwe, soute en afvalprodukte, maar dit is vry van bakterieë, virusse en fungi.

'n Infeksie ontstaan wanneer mikroörganismes, gewoonlik bakterieë uit die spysverteringskanaal, aan die opening van die uretra vasklou en begin om te vermenigvuldig.

In die meeste gevalle, begin bakterieë eerste in die uretra groei. 'n Infeksie wat tot die uretra beperk is, word urethritis genoem. Van daar beweeg bakterieë dikwels op na die blaas en veroorsaak 'n blaasinfeksie wat sistitis genoem word. As die infeksie nie so gou as moontlik behandel word nie, kan bakterieë dan by die ureters opbeweeg en die niere besmet. Hierdie infeksie word piëloëfritis genoem.

Die urienstelsel is op so 'n manier gemaak wat help om infeksie af te weer. Die ureters en blaas voorkom normaalweg dat urien na die niere terugloop en die vloeel van urien vanaf die blaas help om bakterieë uit die liggaam uit te spoel. In mans produseer die prostaatgland afskeidings wat bakterieë groei vertraag. In albei geslagte bevat die immuunstelsel ook infeksies. Ten spyte van hierdie veiligheidsmaatreëls kom infeksies egter steeds voor.

*Escherichia coli (E.coli)*, 'n tipe bakterie wat normaalweg in die kolon voorkom, veroorsaak sowat 80 % van urienweginfeksies (UWI's) in volwassenes. Hierdie bakterieë kan die opening van die uretra vanaf die omliggende vel binnedring. Ander bakterieë wat urienweginfeksies veroorsaak, is onder meer *Staphylococcus*, *Chlamydia* en *Mycoplasma*. Urineweginfeksies is meer algemeen in vroue as in mans. Een rede hiervoor is dat die vroulike uretrale opening nader aan die bron van bakterieë (d.i. die anus en vagina) is en dat die uretra korter is, wat aan bakterieë makliker toegang tot die blaas gee. Nog 'n faktor is dat die prostaatgland in mans, soos vroeër genoem, afskeidings produseer wat bakterieë groei vertraag.

Skere toestande kan die risiko vir die ontwikkeling van 'n urienweg-infeksie verhoog. Die belangrikste is:

1. Obstruksie van die uitlaat van die blaas, soos nierstene of vergroting van die prostaatgland in mans.
2. Urinêre kateterisasie (d.i. inplas van 'n dun buis deur die uretra in die blaas om urien te dreineer).
3. Abnormaleite van die urienweg vanaf geboorte.
4. Onderdrukte immuunstelsel.
5. Toestande wat onvolledige lediging van die blaas veroorsaak, soos rugmurgbeserings.
6. In babas kan bakterieë vanaf vuil doeke in die uretra ingaan en UWI's oorsaak as gevolg van bakterieë wat in die urienweg ingelaat word.

Dit lyk nie asof swanger vroue meer geneig is om UWI's te kry as ander vroue nie. As 'n UWI wel in swanger vroue voorkom, is dit meer waarskynlik dat dit na die niere sal versprei. Wetenskaplikes dink dat hormonale veranderinge en skuivings in die posisie van die urienweg tydens swangerskap maak dat bakterieë makliker deur die ureters na die niere kan versprei. Om hierdie rede beveel baie dokters periodieke toetsing van die urien tydens swangerskap aan.

Simptome van urienweginfeksie kan in twee groepe verdeel word, naamlik simptome van 'n laer UWI (sistitis en urethritis) en simptome van boonste UWI (piëloëfritis).

*Simptome van 'n laer UWI in volwassenes is onder meer die volgende:*

- Ruggyn
- Bloed in die urien
- Melkerige urien
- Onvermoë om te urineer ten spyte van die drang
- Koors
- Aanhoudende behoefte om te urineer
- Algemene ongemak
- Pynlike urinering

*Simptome van 'n boonste UWI in volwassenes is onder meer die volgende:*

- Kouekoors
- Koors
- Naarheid
- Pyn onder die ribbes
- Braking

**KOMPONENTE**

- Toetsstrokke in individuele sakkies
- Droogmiddel
- Pasiëntinligtingsblad

**VOORSORGMATREËLS EN WAARSKUWINGS**

- Lees hierdie hiele pamflet asselief sorgvuldig deur voordat die toets gedoen word.
- Die toetsstrook moet nie na die vervaldatum gebruik word nie.
- Moenie die toetsstel gebruik as die pakkie nie heeltemal verseël is nie.
- Moenie die foeliesak van die toetsapparaat opmaak voordat dit kamertemperatuur bereik het en u gereed is om met die toets te begin nie.
- Die toets moet in 'n goed verligte area gedoen word.
- Gebruik die toetsstrook dadelik nadat dit oopgemaak is.
- Moenie aan die toetsarea raak nie. Dit kan die uitslae beïnvloed en kan ook persoonlike skade veroorsaak.
- Gebruik 'n wegdoerbare monsterhouer om urien op te vang wat na die uitvoering van die toets weggegooi kan word.
- Die sak bevat 'n pakkie silikagel om vog te absorbeer. Moenie hierdie pakkie opmaak nie. Gooi dit saam met die res van die toetsstel weg.
- Moenie vries nie.
- Plaas alles wat u gebruik het, nadat die toets uitgevoer is, in 'n plastieksak en gooi dit in die asblik. Moenie vergeet om u hande behoorlik te was nie.
- Die oorbyblywende urienmonster kan weggegooi word deur dit in die toilet af te spoel.
- Hou buite bereik van kinders.
- Vir gebruik vir *in vitro* diagnose en selftoets. Moenie inwendig gebruik nie.

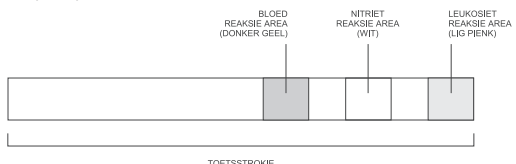
**VERSAMELING EN VOORBEREIDING VAN DIE MONSTER**

Verkry 'n skoon urienmonster deur die genitale area te was voordat die toets uitgevoer word. Vang 'n monster van die midstroom van die urien in 'n skoon en droë wegdoerbare houer op. Die houer moet nie enige spore van skoonmaakmiddels bevat nie. Hierdie metode vir die insameling van urien help verhoed dat bakterieë rondom die genitale gebied in die monster beland en die toetsuitslae belemmer. Toets die urien so gou as moontlik na die verkryging daarvan. Dit word aanbeveel dat die eerste urien van die oggend vir 'n nitriettoets gebruik word.

**PROSEDURE**

Hierdie prosedure MOET NOUKEURIG GEVOLG WORD om betroubare toetsuitslae te kry.

1. Maak seker dat die produk binne die vervaldatum op die toetspak is.
2. Verkry die urienmonster.
3. Haal die strokie uit die sakkie. Vergewis uself van die posisie van die reaksiearea vir leukosiete, rooibloedselle (RBS) en Nitriet. Die lipnië reaksiearea is vir leukosiete, wit of 'n Nitriet en die donkergeel reaksiearea is vir bloed (RBS). Vergewis uself ook van die kleurkaart op die pakkie.



4. Doop die toetsstrokie sodat die reaksieareas heeltemal onderdompel is in die urien vir nie langer as 1 sekonde nie.
5. Haal die toetsstrokie uit die urien en tik die strokie op die rand van die houer om oortollige urien te verwyder en plaas dit dan horisontaal neer met die reaksieareas na bo.
6. Laat die strokie vir 30-60 sekondes sodat die reaksie kan plaasvind.
7. Lees die resultaat deur die kleure van die reaksie op die strokie met dié van die kaart te vergelyk. As u vergelyk, hou die strokie in 'n horisontale posisie om vermenging van die kleure tussen die reaksieareas op die strokie te voorkom.
8. Kry die beste passing van kleur op die kleurkaart en die

ooreenstemmende konsentrasiereeks. 'n Verandering in die kleur wat net langs die kante van die reaksiearea verskyn, dui daarop dat die reaksie nie behoorlik plaasgevind het nie. In hierdie geval word 'n hertoets met 'n ander strokie aanbeveel. Uitslae wat na 60 sekondes (1 minuut) gelees word, is nie geldig nie.

**UITSLAE**

Die uitslae word verkry deur direkte vergelyking van die toetsstrokie met die kleurkaart wat op die verpakking gedruk is. Kyk in die tabel hier onder vir die interpretasie van die toetsuitslae en aanbevelings.

| Leukosiete | Nitriet  | RBS'e    | Resultaat   |
|------------|----------|----------|---|
| Positief   | Positief | Positief | U het 'n urienweginfeksie. Daar is bakterieë teenwoordig. Die teenwoordigheid van bloed gaan met erge infeksie gepaard. Kry dadelik mediese hulp.   |
|            |          | Negatief | U het 'n urienweginfeksie. Daar is bakterieë teenwoordig. Kry dadelik mediese hulp.   |
|            | Negatief | Positief | U het 'n urienweginfeksie. U kan dalk bakterieë hê wat nie nitriet produseer nie. Die teenwoordigheid van bloed gaan met erge infeksie gepaard. Kry dadelik mediese hulp.   |
|            |          | Negatief | U het 'n urienweginfeksie. U kan dalk bakterieë hê wat nie nitriet produseer nie. Kry dadelik mediese hulp.   |
| Negatief   | Positief | Positief | Dit is baie onwaarskynlik dat so 'n resultaat sal voorkom en ons beveel aan dat die toets herhaal word. As u dieselfde resultaat weer kry, beteken dit dat u waarskynlik 'n urienweginfeksie het, want daar is bakterieë teenwoordig. Die teenwoordigheid van bloed gaan met erge infeksie gepaard. Kry dadelik mediese hulp. |
|            |          | Negatief | Dit is baie onwaarskynlik dat so 'n resultaat sal voorkom en ons beveel aan dat die toets herhaal word. As u dieselfde resultaat kry, dit beteken dat u 'n urienweginfeksie het omdat daar bakterieë teenwoordig is. Kry dadelik mediese hulp.  |
|            | Negatief | Positief | Geen urienweginfeksie nie. Die teenwoordigheid van bloed kan aan ander toestande soos nierstene, oormatige oefening, prostaatsiektes (mans) en sekere nier- of bloedsiektes toegeskryf word. Kry mediese hulp.  |
|            |          | Negatief | Geen urienweginfeksie nie.  |

**BEPERKINGS VAN DIE TOETS**

Stowwe wat abnormale kleur van die urien veroorsaak, soos sekere geneesmiddels, kan die kleurontwikkeling op die strokie beïnvloed. Die kleurontwikkeling op die reagenskussing kan versluier word, of 'n kleurreaksie kan op die kussinkie ontstaan wat visueel as 'n vals positiewe resultaat vertolk kan word. Dit word daarom aanbeveel dat die toets in geval van twyfel herhaal word nadat die medikasie gestak is.

**Leukosiete:** Die toetsresultaat kan dalk nie altyd ooreenstem met die leukosietelling van mikroskopiese ondersoek nie. Positiewe resultate kan voorkom met hoë humiditeit en hoë temperatuur kondisies, in gevalle waar die sakkies nie behoorlik verseël was nie. Positiewe uitslae kan soms verkry word in die ewekansige monsters van vroue verwanne besmetting van die monsters deur vaginale afskeiding.

**Nitriet:** Enige mate van ontwikkeling van 'n eenvoudige pienk kleur moet as positief beskou word; pienk kolletjies of pienk rande moet egter nie as 'n positiewe resultaat vertolk word nie. Kleurontwikkeling is nie eweredig aan die aantal bakterieë teenwoordig nie. Die urientoets toon net bakterieë wat nitriet produseer aan. Soms sal bakterieë teenwoordig wees wat nie nitriet produseer nie. Daarom kan 'n negatiewe resultaat nie die teenwoordigheid van 'n urienweginfeksie uitsluit nie.

**Bloed:** 'n Vals positiewe resultaat kan soms voorkom wanneer geen bakterieë in die urien teenwoordig is nie. Askorbienuur of proteïene kan die reaktiwiteit van die bloedtoets verminder. Sterk oksideermiddels, soos hipochloriet, kan 'n vals positiewe resultaat gee. Urin van menstruerende vroue gee dikwels, maar nie altyd nie, positiewe uitslae.

**HOE OM POSITIEWE OF NEGATIEWE WAARDES TE BEPAA**

Enige kleur anders as die kleur wat 'n negatiewe resultaat aantoon, word as positief beskou. Kyk na die resultaatkaart.

**VRAE EN ANTWOORDE**

**Is daar enige veranderinge in die voorkoms of die kleur van urien wat op 'n UWI kan dui?**

**A:** In geval van 'n ernstige infeksie, kan die urien as gevolg van die teenwoordigheid van 'n groot aantal bakterieë en leukosiete troebel wees. So ver as wat dit die kleur aangaan, sal die urien in die teenwoordigheid van bloed 'n rooierige kleur wees. Klein hoeveelhede bloed sal egter nie die kleur beïnvloed nie. 'n Belangrike aspek in hierdie verband is dat hierdie verskynsel verwanne ander toestande soos nierstene kan wees. 'n Meer spesifieke toets word dus aanbeveel.

**V: Hoe verhoog nierstene en vergroting van die prostaat die risiko vir UWI?**

**A:** Hierdie twee toestande maak dat die urien stadig uit die liggaam vloei wat bakterieë 'n beter kans gee om in die urienweg te kom en 'n infeksie te veroorsaak.

**V: Hoe word 'n UWI behandel?**

**A:** UWI's word met antibakteriële middels behandel. Die keuse van die middel en die tydperk van behandeling word deur 'n geneesheer bepaal en hang af van die pasiënt se geskiedenis en die urientoets wat die invallende bakterieë geïdentifiseer het. 'n Sensitiwiteitstoets is veral nuttig om dokters te help om die mees effektiewe middel te kies.

**V: Hoe lank neem dit om 'n UWI te behandel?**

**A:** Dikwels kan verligting van simptome binne 1 of 2 dae van behandeling ervaar word. Nogtans vra baie dokters hulle pasiënte om antibiotika vir 'n week of twee te drink om te verseker dat die infeksie heeltemal uitgewis is. Pasiënte het ook langer behandeling vir infeksies veroorsaak deur *Mycoplasma* of *Chlamydia* nodig.

Dokters beveel gewoonlik 'n langer behandeling vir mans as vir vroue aan. Dit word gedoen om infeksies van die prostaatgland te voorkom omdat prostaatinfeksies moeiliker is om te behandel aangesien die antibiotika nie in staat is om besmette prostaatweefsel effektief in te dring nie.

**V: Kan UWI's terugkeer?**

**A:** Die meeste gesonde vroue het nie herhalende infeksies nie. Ongeveer sowat een uit elke vyf vroue wat 'n UWI kry, sal egter nog een hê. Party vroue kry drie of meer UWI's per jaar. Mans kry meer dikwels herhalende infeksies. Enigeen wat diabetes het of 'n toestand wat dit moeilik maak om te urineer, kan herhalende infeksies kry.

**V: Hoe kan ek nog UWI's vermy?**

**A:** Deur party van u daaglikse gewoontes te verander, kan dit help om UWI's te voorkom.

- Drink baie vloeistowwe om die bakterieë uit u stelsel te spoel. Water is die beste. Drink 6-8 glase water per dag.
- Drink bosbesiesap of vitamien C. Albei verhoog die suur in u urien sodat bakterieë nie maklik groei nie. Bosbesiesap maak u blaaswand ook glibberig sodat bakterieë nie daaraan kan vasklou nie.
- Urineer gereeld en gaan wanneer u die eerste drang daarvoor voel. Bakterieë kan groei as die urien vir te lank in die blaas bly.
- Dra onderklere van katoen en lospassende klere sodat lug die area droog kan hou. Vermy tyfpassende denimbroeke en nylononderklere wat vog vasvang en bakterieë help groei.
- Stort eerder as om te bad.

**BEWARING**

Bewaar in die oorspronklike verpakking by kamertemperatuur onder 25 °C. Moenie na die vervaldatum op die houer gebruik nie. HOU BUIE BEREIK VAN KINDERS.

**Gebruik die strokie onmiddellik nadat dit uit die sakkie gehaal is.**

**AANBIEDING**

Elke karter bevat 2 individueel verpakte strokies vir die toets van UWI.

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**TM - ACTORFEMME** is 'n Handelsmerk van Actor Pharma (Edms) Bpk

Maatskappyregistrasienommer: 2008/008787/07

**Actorfemme™ Home Urinary Tract Infection Test (UTI)**  
For *in vitro* diagnostic and self testing use  
Store at room temperature (15-30 °C)

**INTENDED USE**

Urinary tract infection is a serious health problem affecting millions of people each year. The urinary system consists of the kidneys, ureters, bladder and urethra. The kidneys remove excess liquid and waste from the blood in the form of urine, keeping a stable balance of salts and other substances in the blood. Narrow tubes called ureters carry urine from the kidneys to the bladder, which is a triangle-shaped chamber, in the lower abdomen. Urine is stored in the bladder and emptied through the urethra.

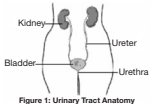


Figure 1: Urinary Tract Anatomy

The average adult passes between 0,8 and 2,6 liters of urine per day. The amount of urine varies, depending on the fluids a person consumes. The volume formed at night is about half that formed in the daytime.

Normal urine is sterile; it contains fluids, salts and waste products, but it is free of bacteria, viruses and fungi.

An infection occurs when microorganisms, usually bacteria from the digestive tract, cling to the opening of the urethra and begin to multiply.

In most cases, bacteria first begin growing in the urethra. An infection limited to the urethra is called urethritis. From there, bacteria often move on to the bladder, causing a bladder infection called cystitis. If the infection is not treated promptly, bacteria may then go up the ureters to infect the kidneys. This infection is called pyelonephritis.

The urinary system is structured in a way that helps ward off infection. The ureters and bladder normally prevent urine from returning up toward the kidneys, and the flow of urine from the bladder helps wash bacteria out of the body. In men, the prostate gland produces secretions that slow bacterial growth. In both sexes, immune defenses also prevent infection. But despite these safeguards, infections still occur.

*Escherichia coli* (*E.coli*), a type of bacteria that is normally present in the colon, causes about 80 % of urinary tract infections (UTIs) in adults. These bacteria may enter the urethral opening from the surrounding skin. Other bacteria that cause urinary tract infections include *Staphylococcus*, *Chlamydia* and *Mycoplasma*.

Urinary tract infections are more common in women than in men. One reason for this is because the female urethral opening is nearer to the source of bacteria (i.e. anus and vagina) and the urethra is shorter, providing bacteria easier access to the bladder. Another factor is that the prostate gland in men produces secretions that decrease bacterial growth as mentioned earlier.

Certain conditions may increase the risk of developing a urinary tract infection. The most significant are:

1. Bladder outlet obstruction, such as kidney stones or prostate gland enlargement in men.
2. Urinary catheterisation (i.e. insertion of a small tube into the bladder through the urethra to drain urine).
3. Abnormalities of the urinary tract present at birth.
4. Suppressed immune system.
5. Conditions that cause incomplete bladder emptying such as spinal cord injury.
6. In infants, bacteria from soiled nappies can enter the urethra and cause UTIs by introducing bacteria in the urinary tract.

Pregnant women do not seem to be more prone to UTIs than other women. However, when a UTI does occur in pregnant women, it is more likely to travel to the kidneys. Scientists think that hormonal changes and shifts in the position of the urinary tract during pregnancy make it easier for bacteria to travel up the ureters to the kidneys. For this reason, many doctors recommend periodic testing of the urine during pregnancy.

Symptoms of urinary tract infection can be divided into two groups; symptoms of lower UTI (cystitis and urethritis) and symptoms of upper UTI (pyelonephritis).

Symptoms that indicate lower UTI in adults include the following:

- Back pain
- Blood in the urine
- Cloudy urine
- Inability to urinate despite the urge
- Fever
- Frequent need to urinate
- General discomfort
- Painful urination

Symptoms that indicate upper UTI in adults include the following:

- Chills
- High fever
- Nausea
- Pain below the ribs
- Vomiting

**COMPONENTS**

- Test strips in individual pouches
- Desiccant
- Patient Information Leaflet

**PRECAUTIONS & WARNINGS**

- Please read all the information in this leaflet before performing the test.
- Do not use the test strip after the expiration date.
- If the package is not completely sealed do not use the test.
- Do not open the test foil pouch until it has reached room temperature and you are ready to start the test.
- The test should be performed in a well-lit area.
- Use the test strip immediately after opening it.
- Do not touch the test area. This could affect results and may also impose personal hazards.
- Use a disposable sample container to be discarded after performing the test.
- The pouch contains a Silica Gel pack to absorb humidity. Do not open the pack. Throw it away with the remainder of the test.
- Do not freeze.
- At the end of the test, wrap everything you have used in a plastic bag and throw away in the bin. Do not forget to wash your hands properly.
- The remaining sample should be discarded and flushed in the toilet.
- Keep out of the reach of children.
- For *in vitro* diagnostic and self-testing use. Not to be taken internally.

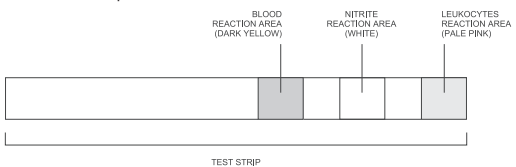
**SPECIMEN COLLECTION AND PREPARATION**

Collect a clean catch urine sample by washing the genital area. Collect a midstream sample of urine in a clean and dry disposable container. The container has to be devoid of any detergent traces. This method of collecting urine helps prevent bacteria around the genital area from getting into the sample and confusing the test results. Test the urine as soon as possible after collection. A first morning urine specimen is recommended for a Nitrite test.

**PROCEDURE:**

This procedure MUST BE FOLLOWED EXACTLY to achieve reliable test results.

1. Check that the product is within the expiration date shown on the test pack.
2. Prepare the urine specimen.
3. Remove the strip from the pouch. Familiarise yourself with the position of the reaction area for Leukocytes, RBCs and Nitrite. The pale pink reaction area is for Leukocytes, white is for nitrite and the dark yellow area is for blood. Also, familiarise yourself with the colour chart on the pack.



4. Dip the test strip into the urine until the reaction areas are completely immersed for no more than 1 second.
5. Remove the dipstick from the urine and tap the strip on the rim of the cup to remove excess urine and place it horizontally with the reaction areas facing up.
6. Leave the strip for 30-60 seconds for the reaction to take place.
7. Read the results by comparing the colours of the reaction on the strip with those of the chart. While comparing, keep the strip in a horizontal position to avoid mixing of the colours between the reaction areas on the strip.
8. Identify the best match colour on the colour chart and the corresponding concentration range. A change in colour that appears only along the edges of the reaction area indicates that the reaction did not take place properly. In this case, a retest is recommended with another strip. Results read after 60 seconds (1 minute) are not valid.

**RESULTS**

The results are obtained by direct comparison of the test strip with the colour chart printed on the pack. See the table below for test interpretation and recommendations.

| Leukocytes | Nitrite  | RBCs     | Result   |
|------------|----------|----------|--|
| Positive   | Positive | Positive | You have a urinary tract infection. There is presence of bacteria. The presence of blood is associated with severe infections. Seek medical assistance immediately.  |
|            |          | Negative | You have a urinary tract infection. There is presence of bacteria. Seek medical assistance immediately.  |
|            | Negative | Positive | You have a urinary tract infection. You might have bacteria that cannot produce nitrite. Presence of blood is associated with severe infections. Seek medical assistance immediately.  |
|            |          | Negative | You have a urinary tract infection. You might have bacteria that cannot produce nitrite. Seek medical assistance immediately.  |
| Negative   | Positive | Positive | This result is highly unlikely to occur and we recommend redoing the test. If you have the same result again, this means that you most probably have a urinary tract infection since there is presence of bacteria. Presence of blood is associated with severe infections. Seek medical assistance immediately. |
|            |          | Negative | This result is highly unlikely to occur and we recommend redoing the test. If you have the same result, this means that you have a urinary tract infection as there is presence of bacteria. Seek medical assistance immediately.  |
|            | Negative | Positive | No urinary tract infection. The presence of blood may be associated with other conditions such as kidney stones, excessive exercise, prostate diseases (in males) and some kidney or blood diseases. Seek medical assistance.  |
|            |          | Negative | No urinary tract infection.  |

**LIMITATIONS OF THE TEST**

Substances that cause abnormal urine colour, such as some drugs, may affect the colour development on the strip. The colour development on the reagent pad may be masked, or a colour reaction may be produced on the pad that could be interpreted visually as a false positive. It is therefore recommended that in case of doubt, that the test be repeated after stopping the medication.

**Leukocytes:** The test result may not always be consistent with the leukocyte cell number by microscopic examination. Positive results may be found with high humidity and high temperature conditions, in cases where the pouches may not have been adequately sealed. Positive results may occasionally be found in random specimens from females due to contamination of the specimens by vaginal discharge.

**Nitrite:** Any degree of uniform pink colour development should be considered positive; however, pink spots or pink edges should not be interpreted as a positive result. Colour development is not proportional to the number of bacteria present. The urine test detects only nitrite-producing bacteria. Occasionally bacteria will be present that do not produce nitrite. Therefore, a negative result cannot rule out the presence of a urinary tract infection.

**Blood:** A false positive can sometimes occur when bacteria are present in the urine. Ascorbic acid or protein may reduce the reactivity of the blood test. Strong oxidizing substances, such as hypochlorites, may produce a false positive result. Urine from menstruating females often, but not always, yields positive results.

**HOW TO DETERMINE POSITIVE OR NEGATIVE VALUES**

Any colour other than the colour indicating a negative result is considered positive. Refer to the results chart.

**QUESTIONS AND ANSWERS**

**Q: Are there any changes in the appearance or colour of urine that may indicate UTI?**

**A:** In case of severe infection, the urine may be cloudy due to the presence of large numbers of bacteria and leukocytes. As for the colour, it will take on a reddish colour in the presence of blood. However, small amounts of blood will not affect the colour. An important point in this regard is that this appearance may be associated with other conditions such as kidney stones. So, performing a more specific test is advised.

**Q: How do kidney stones and prostate gland enlargement increase the risk of UTI?**

**A:** These two conditions will result in slowing the urine flow out of the body, which will give bacteria a better chance to get inside the urinary tract and cause infection.

**Q: How is UTI treated?**

**A:** UTIs are treated with antibacterial drugs. The choice of drug and length of treatment should be determined by a physician and depends on the patient's history and the urine tests that identify the offending bacteria. The sensitivity test is especially useful in helping doctors to select the most effective drug.

**Q: How long does it take to treat a UTI?**

**A:** Often, symptom relief can be experienced within 1 or 2 days of treatment. Still, many doctors ask their patients to take antibiotics for a week or two to ensure that the infection has been completely eradicated. Patients also need longer treatment with infections caused by *Mycoplasma* or *Chlamydia*. In men, doctors usually recommend longer therapy than in women. This is done to prevent infections of the prostate gland since prostate infections are harder to treat because antibiotics are unable to penetrate infected prostate tissue effectively.

**Q: Can UTIs recur (come back)?**

**A:** Most healthy women do not have repeat infections. However, about one out of every five women who get a UTI will get another one. Some women get three or more UTIs a year. Men get repeat infections more frequently. Anyone who has diabetes or a condition that makes it difficult to urinate may get repeat infections.

**Q: How can I keep from getting more UTIs?**

- Changing some of your daily habits may help you avoid UTIs.
- Drink lots of fluids to flush the bacteria from your system. Water is best. Have 6-8 glasses of water per day.
- Drink cranberry juice or take vitamin C. Both increase the acid in your urine so bacteria cannot grow easily. Cranberry juice also makes your bladder wall slippery, so bacteria cannot stick to it.
- Urinate frequently and go when you first feel the urge. Bacteria can grow when urine stays in the bladder for too long.
- Wear cotton underwear and loose-fitting clothing so that air can keep the area dry. Avoid tight-fitting jeans and nylon underwear, which trap moisture and help bacteria grow.
- Take showers instead of tub baths.

**STORAGE**

Store in the original packaging, at room temperature below 25 °C.

Do not use after the expiry date on the packaging.

KEEP OUT OF REACH OF CHILDREN.

Use the strip immediately after removing it from the pouch.

**PRESENTATION**

Each carton contains 2 individually packaged UTI test strips.

**NAME AND ADDRESS OF DISTRIBUTOR:**

Actor Pharma (Pty) Ltd  
Unit 7, Royal Palm Business Estate  
646 Washington Street, Halfway House  
Midrand, 1685

**NAME OF MANUFACTURER:**

ATLAS MEDICAL  
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Cambridge, CB4 0WX, UK

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**Dimensions:** 150 x 350 mm  
**Fold Size:** to be advised  
**Colours: (1)** Black  
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**Barcode:** --  
**Pharmacode:** --  
**Stock:** --  
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