

FACTORS RELATED TO MULTI-TEST II AND QUICK-TEST

1. The trays that hold Quick-Test extract wells must be assembled and have no guidance system for quickly and accurately placing the test heads into the wells. This design raises these issues:
 - a. The device can be placed into the extract wells in reverse position, resulting in false results.
 - b. Speed of use is impaired because the user must visually and manually align the test heads with the wells.
 - c. Points can be damaged as the user "feels" for the proper alignment.
 - d. Assembly of trays and wells is time consuming.

With Multi-Test II, the Dipwell Trays are assembled and ready to use from the package. They contain a unique guidance system that allows the user to place the test heads quickly and accurately into the wells without point damage. The guidance system is designed so that Multi-Test II fits into the wells only one way, the right way. Multi-Test II Dipwell Trays are available with **open or capped wells**.

2. Test solution levels are visible at all times with Multi-Test II tray wells because they are crystal clear. Solution levels in Quick-Test wells cannot be seen except from the tray bottom. Depleting test solutions while testing could be troublesome.
3. Different lots of Quick-Test have shown bent points. See Photograph.
4. Please be aware that the Quick-Test brochure states that prices are subject to increase without notice. Additionally, be aware that Panatrex bills you for shipping charges. Lincoln does not charge for shipping.
5. Limited in-house testing with Quick-Test, utilizing histamine (1mg./ml.) on each of the eight test heads, showed four of seven subjects tested with variation in wheal size, from significant to major, as follows: Subject 1 – 3.5mm. to 7mm.; Subject 2 – 4mm. to 7.5mm.; Subject 3 – 6mm. to 11.5mm.; Subject 4 – 6mm. to 8mm. Additionally, wheals were frequently not well defined.

With Multi-Test products, reproducibility of results is exceptionally high and wheals are well defined. When Nelson, et al, compared Multi-Test II to other devices, Multi-Test II showed markedly better reproducibility than any other product evaluated. The Multi-Test II CV was just 12.5%. Its sensitivity and specificity were 100% and 97.5%, respectively. Reference JACI February 1998.

6. Published findings covering Quick-Test show meaningfully lower levels of sensitivity when compared to Multi-Test II. Multi-Test products are the most widely studied disposable devices on the market, and findings have been consistent. Additionally, Multi-Test and Multi-Test II are used extensively by prestigious institutions and private practices nationwide.

A COMPARISON OF MULTIHEADED DEVICES FOR ALLERGY SKIN

TESTING; Harold S. Nelson, MD; Catherine Kolehmainen, RN, Jennie Lahr, RT, James Murphy, PhD, Andrea Buchmeier, AB; JACI, Volume 113, June 2004.

“Two devices (GreerTrack and Quick-Test) had sufficiently high rates of failure to produce positive reactions with histamine, suggesting the need for performing tests with these devices in duplicate or, alternatively, performing ID testing to confirm negative reactions to important allergens”.

<u>Device</u>	<u>Pseudo-false negative reactions</u>	<u>False-negative reactions</u>
Multi-Test II, arm	1.1%	1.1%
Multi-Test II, back	0.0	0.6
Smallpox needle, arm	2.4	0.0
Smallpox needle, back	0.6	0.6
GreerTrack, arm	6.2	5.2
GreerTrack, back	4.0	6.3
Quick-Test, arm	4.2	1.3
Quick-Test, back	2.3	5.1

*DermaPik II has been discontinued.

“The 2 devices (GreerTrack and Quick-Test) that produced the smallest reactions with histamine were associated with the highest number of false-negative and pseudo-negative reactions”.

Pseudo false negative reactions- If only the wheal or only the flare failed to reach the criteria for a positive result (Wheal 3 mm or larger and flare of 10 mm or larger) and another of the same set of tests resulted in a wheal of 5 mm or greater and a flare of 10 mm or greater.