

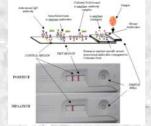
Identification of Human Saliva: A comparison of the SALIGAE® test and the Rapid Stain Identification (RSID®) – Saliva test kit.

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The detection of saliva in forensic cases can be a valuable tool, when used in addition to other tests, to demonstrate association between a victim and suspect. Exhibits requiring testing for saliva are usually those requested from alleged oral assaults and may include swabs (sampled from such areas as the neck, breasts and genitals) and clothing. The detection of saliva can also be used as a screening test to determine areas most likely to contain a high concentration of buccal cells (1). Two commercial kits that are currently available are the Abacus Diagnostics SALIgAE® Test for the Forensic Identification of Saliva and the Rapid Stain Identification (RSID®)-Saliva test kit.

The SALIgAE® Test for the Forensic Identification of Saliva kit allows for the detection of saliva. According to the manufacturer, this test kit has the ability to detect trace amounts of saliva and offers a higher level of sensitivity and specificity when compared to that of the Phadebas® Amylase test. In the presence of saliva, a reaction occurs with the colourless reagent contained within the test vials, producing a bright yellow colour change. The manufacturer has not yet disclosed the reaction mechanism of the SALIgAE® Saliva test (2.4)

The Rapid Stain Identification (RSID®) test for saliva is the first available test kit for the specific detection of human saliva, testing for the presence of human salivary α -amylase (Figure 1). The test is comprised of immunochromatographic strips that use two mouse monoclonal antibodies specific for human α -amylase; one form of antibody is conjugated to colloidal gold present in the sample pad of the kit, whilst the other form of antibody is present in strips on the test region of the kit. If human α amylase is present in the test sample when it is added to the kit, an antigen-antibody conjugated to a colloidal gold complex will form. As this complex migrates down the kit test substrate, the immobilised anti- α -amylase antibodies on the test region bind the α -amylase -antibody-gold complexes, producing a red coloured band. The kit also contains an internal control consisting of anti-mouse IgG antibody. The anti-mouse IgG on the control region binds any mouse antibodies migrating past the control region, producing a red band (3)



The sensitivity and specificity of both kits were compared to assess their suitability as a confirmatory test in the forensic detection of human saliva. Sensitivity was tested using a serial dilution of human saliva and specificity was tested using a range of bodily fluids other than saliva, animal saliva and substances and substrates that are likely to be mixed with saliva on forensic exhibits

METHODS

SALIGAE® testing was conducted according to the supplied Technical Information Sheet (Rev 5/05) ⁽²⁾.

RSID®-Saliva testing was conducted according to the supplied Provided Protocols (Rev. B 2006) (3), which was prior to the release of the Extraction Buffer being supplied with the kit. Phosphate Buffered Saline (pH 7.4) was used as the extraction buffer for all testing, excluding the tests conducted on using sterile purified water as the extraction buffer (see sensitivity results).

RESULTS



SALIgAE® results were determined using a "Scale of Reactivity" grading system of the intensity of the yellow colour produced. This grading system was based on studies performed by Carlesso et.al., (2005)(4) (Table 1).

RSID®-Saliva results were read according to the Provided Protocol (Rev. B 2006) (3) (Table 2).

Result	Bands Present
POSITIVE	2 bands present : 1 in the test region, 1 in the control region
NEGATIVE	1 band present in the control region only
INVALID	No bands present, or 1 band in the test region only
	Table 2: RSID®-Saliva Results

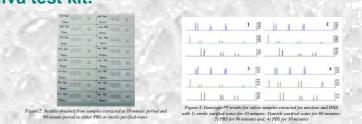
SENSITIVITY

The SALIgAE® test was more sensitive overall than the RSID®-Saliva test, with a dilution end point range of 1:128-256, as opposed to the RSID®-Saliva dilution end point of 1:2-128 (Tables 3 & 4)

	Male Saliva Dunor 1			Female Saliva Danar 1				Male Saliva Danar 2			Female Saliva Danar 2		2
	SALIgAE ⁶ Result	RSID ³ Re	rah	SALIgAF ⁰ Result	Re	Saliva		SALIgAR ^D Recult	RSID/ Rs	ends .	SALIgAE [®] Recult	RSID ^A Re	Saliva
Dubetion		PBS	HgO		PBS	HgO	Dubation		PBS	MgO		7915	- H ₂ O
NEAT	5	POS	POS	5	POS	POS	NEAT		POS	POS	- 5	POS	POS
1.2	5	POS	POS	5	POS	POS	1.2	4	POS	POS		POS	POS
18	4	POS	POS	4	POS	POS	15	3	POS	105	3	POS	POS
1.52	3	POS	NEG	3	POS	P08	1.32	2	POS	POS	2	POS	POS
1.128	1	MEG	NEG	1	POS	105	1/128	1	NEG	POS	1	205	POS
1.256	NEG	NEG	NEG	NEG	ME-G	NEG	1.256	1	0.5%	NEO	1	NEO	NEG
1/512	NEG	NEO	NEG	NEG	NEO	NEO	1/512	NEG	MEG	NEG	NEG	MEG	NEG
1 3024	NEO	NEO	NEO	NEG	MEO	NEO	1.1024	NBG	MEG	NBG	NEG	NEG	NEG
1 2048	NEG	MEG	NEG	NEG	MEG	NEG	1/2048	NEG	NEO	160	1450	160	NEG
1.40%	NEG	NEG	NEG	2460	242-0	NEG	1.40%	NEO	NEG	NEG	NEO	NEG	NEG
	Te	ible 3: S	ensitivity	Testing				Tabl	e 4: Sen	sitivity T	esting (cont'd,	1.1	

To ensure that routine use of RSID®-Saliva testing would be compatible with laboratory DNA extraction methods, results from extraction of saliva in water over time periods of 10 minutes and 90 minutes were compared to the extraction of saliva in PBS at the same time periods. DNA profiling was also conducted to ensure that the extraction medium and time period did not have a negative effect on the DNA profile obtained.

No significant differences were noted for extraction mediums, times and DNA yield (Figures 2 & 3).



SPECIFICITY

False negatives were not observed using RSID®-Saliva (Table 5).

False negatives were not observed using SALIgAE®, however coloured substances (e.g. blood) did mask the colour change reaction in the SALIgAE® test. On the case of the blood mixed with saliva, results appeared more orange in colour than the blood controls, indicating that there was yellow colour change result. The intensity of this yellow colour change results however, could not be determined (Figure 4)





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False positive results were obtained for the human breast milk controls using both test kits (Figures 5 & 6)





NEG

NEG

False negative and false positive results were not observed with either test kit for the animal saliva tested (Table 6). SID®-Saliva

1.10		SALIgAE [®]	RS
22 E	Canine (Dog)	NEG	
	Feline (Cat)	NEG	
	Equine (Horse)	NEG	
	Table 6: A	nimal saliya specificity test	line

	SALIgAF [®]	RSID [®] -Saliv:
Mouthwash	NEG	NEG
Mouthwash + Saliva	5	POS
Toothpaste	NEG	NEG
Toothpaste + Saliva	4	POS
Lipstick	NEG	NEG
Lipstick + Saliva	5	POS
Perfume	NEG	NEG
Perfume + Saliva	4	POS

Cigarette Butt + Saliva	1	POS
Aluminium Can I	NEG	NEG
Aluminium Can I + Saliva	1	STEG
Envelope	NEG	NEG
Envelope + Saliva	1	POS
Stamp	NEG	NEG
Stamp + Saliva	3	POS
Black Denins	1050	160
Black Denim + Saliva	- 5	POS
Blue Denne	3000	1000
Elter Denine + Saliva	5	POS
Nylen	NEO	3400
Nylon + Saleya	5	POS
Cotton	NEG	NEG
Cetten + Saliva	5	POS
Skin Swab (no zakva)	NEG	NEG
Skin Swab (licked skin)	1	NEG

False negative and false positive results were not observed in either test kit for any of the substrate and substance controls tested. The leaching of the tobacco from the cigarette butt during the extraction process explains the yellow coloured solution obtained from the cigarette butt using SALIgAE® (Table 8).

Varying results were obtained for saliva in the substances and substrates tests using RSID®-Saliva. The concentration of saliva recovered from these substances and substrates was most likely past the dilution end point observed for RSID®-Saliva testing (Table 8).

ENVIRONMENTAL CONDITIONS

Subjecting the saliva samples to various environmental conditions (listed in Table 9) had no effect on the results obtained using SALIgAE[®], however varying results were obtained using RSID®-Saliva .

Table 9. Envi tal Testing Cond

CONCLUSIONS

Sensitivity was comparable using SALIgAE® and RSID®-Saliva, however, a slightly higher sensitivity was observed for both male and female saliva samples using the SALIgAE® kit.

No high dose hook effect was observed using the SALIgAE® or RSID®- Saliva kits.

The same level of specificity was observed in the SALIgAE® kit and the RSID®-Saliva kit, however there was difficulty in determining the intensity of the colour change result produced by the SALIgAE® kit when the test samples were coloured themselves e.g. blood, urine and cigarette butts.

The RSID®-Saliva kit was considerably easier to use than the SALIGAE® test kit and the RSID®-Saliva kit also has an inbuilt positive control so the operator can be certain that the test has worked and the results obtained are reliable.

REFERENCES

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Thank you to the staff at Forensic Biology, PathWest for their kind donation of bodily fluids

