ELISA & INSTRUMENTS

PRODUCT OVERVIEW

by DIA Source

Diagnostic catalog

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OUR COMPANY

30 YEARS OF EXPERIENCE IN IVD (KITS AND INSTRUMENTATION)

DIAsource ImmunoAssays (formerly BioSource), an international diagnostics company (Belgium), develops, manufactures and markets clinical diagnostic products in the field of endocrinology and infectious diseases. Core products are RIA and ELISA technology and reagents for open ELISA automated analyzers as well as antibodies for use in in-vitro diagnostic assays with specific development and manufacturing programs for Vitamin D, Renin, Calcitonin and many others. We also provide selected instrumentation: we offer ELISA reader, washer and shaker, along with opened and closed fully automated ELISA platforms helping our customers to automate their tests. It is our ambition to use our 30 years of expertise in Antibody and Assay development to become a well-known company of diagnostic immunoassays and instrumentation for the IVD market.

MISSION

Our mission is to develop, manufacture and market a complete panel of quality immunoassays and instrumentation as accurate, reliable, diagnostic tools to detect and monitor endocrine disorders and infectious diseases. We are dedicated to provide highly reliable quality assays and instrumentation to deliver uncompromising support to our customers. We strive for meeting our customers needs through a long-term professional relationship and by representing a real added value. Our company is driven by commitment to quality of products and services.

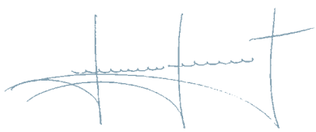
PRODUCT RANGE

During the last 30 years, we have developed manual ELISA and RIA immunoassays for the diagnosis and monitoring of a wide variety of endocrine disorders. We constantly reworked and developed specific antibodies for use in our diagnostic assays and we offer these antibodies also to other diagnostic companies. Constantly looking for new technologies and applications, we put our expertise in the development of new antibodies (patent pending) and assays to measure 25OH Total Vitamin D (D2+D3). We are strengthening our position in the diagnostic market by validating our ELISA assays on our open and closed automates. This innovation marks a turning point for our company, and makes of DIAsource, already renowned in the RIA market, a complete diagnostic provider. The interest in Vitamin D is rising rapidly. Since more than 10 years DIAsource manufactures immunoassays for 25OH Vitamin D3 and 1,25 $(OH)_2$ Vitamin D. In our assay development program, we are focusing specifically on new Vitamin D assays. We introduced a new Total Vitamin D (D2 + D3) RIA and ELISA assay, together with a Rat 25OH Vit D ELISA kit for clinical research studies. The ELISA versions will also be made on our instruments.

COMMITMENT TO QUALITY

We believe that the quality of products and services finds its origin in scientific expertise, good organization of all operational activities and in well-structured decision processes. These principles are laid out in our ISO 13485:2003 quality manual. Through an integration of product quality in our development and manufacturing processes and a specific customer-oriented approach, we have directed our quality system to comply with the harmonized standard for quality systems within the context of the European Directive for In Vitro Diagnostics. Our internal quality management system is designed to pursue a continuous improvement of our customer service, our product quality and the efficiency of our operations. All our kits and instruments for in-vitro diagnostics (IVD) carry the CE mark and comply with IVD Directive requirements.

Peter Kerckx
International Sales Director & Business Segment Manager RIA
DIAsource ImmunoAssays S.A.



Dr. Jozef Vangenechten
CEO
DIAsource ImmunoAssays S.A.

TO CONTACT US

Our people, our professional and experienced Customer Service and
Technical Support teams are dedicated to ensure complete customer satisfaction.
We take pride in providing helpful and accurate information in a 24-hour turnaround time.
Ordering: please see below and consult the 'How to order' section for your local contact.

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AUTO-IMMUNITY

Autoimmunity is the failure of an organism to recognize its own constituent parts as self, which results in an immune response against its own cells and tissues. Any disease that results from such an aberrant immune response is termed an autoimmune disease. Prominent examples include Coeliac disease, diabetes mellitus type 1 (IDDM), systemic lupus erythematosus (SLE), Sjögren's syndrome, Churg-Strauss Syndrome, multiple sclerosis (MS), Hashimoto's thyroiditis, Graves' disease, idiopathic thrombocytopenic purpura, and rheumatoid arthritis (RA).

Format	Cat#	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)	Remarks
Anti TSH Receptors AutoAntibodies (TSH-R Ab)											
ELISA	KAPD4834	HRP	96 T	S	75	2	0,4-30 U/L	0,08 U/L	3,25	48	

Format	Cat#	Description	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
ANA											
DIASpot M	KAPDTANA8	ANA^{8} IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTANA8N	ANA^{8} IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot M	KAPDTANA10	ANA^{10} IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTANA10N	ANA^{10} IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot M	KAPDTANA12S	ANA^{12} Screen IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTANA12SN	ANA^{12} Screen IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot N	KAPDTANA12N	ANA^{12} IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot N	KAPDTANA25N	Multi ^{Quant} ANA25 Screen IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
ELISA	KAPD3562	ANA-8-screen	HRP	96 T	S - P	10 µL	1	-	96,4 - 98%	30/15/15/5min RT	72
ANCA											
DIASpot M	KAPDTANCAG	ANCA^{GBM} IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTANCAGN	ANCA^{GBM} IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot N	KAPDTACAN	ANCA2 IgG	-	24 T	Serum	10 µL	-	-	> 89% - > 98%	0,75	52
APS											
DIASpot N	KAPDTAPSGN	APS IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52

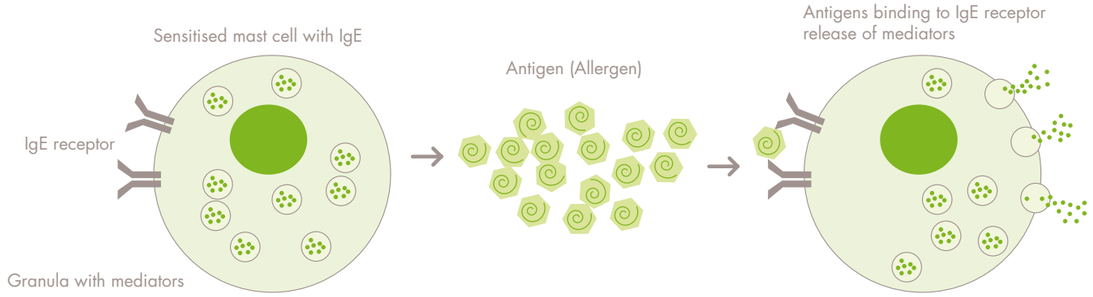
Format	Cat#	Description	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
ASCA											
ELISA	KAPDTASCA02	ASCA IgA	HRP	96 T	Serum	10 µL	2	0,25-400 U/mL	40% - 98,2%	30/30/10min RT	52
ELISA	KAPDTASCG02	ASCA IgG	HRP	96 T	Serum	10 µL	2	0,25-400 U/mL	44% - 98%	30/30/10min RT	52
DIASpot N	KAPDTASCCN	ASCA IgG + IgA	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
Cardiolipin											
ELISA	KAPDTCLG02	Cardiolipin IgG	HRP	96 T	Serum	10 µL	2	6-100 U/mL	> 99% - > 99%	30/30/10min RT	24
ELISA	KAPDTCLM02	Cardiolipin IgM	HRP	96 T	Serum	10 µL	2	6-100 U/mL	> 99% - > 99%	30/30/10min RT	24
Connectivitis											
DIASpot M	KAPDTCT	Connectivitis IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTCTN	Connectivitis IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot N	KAPDTCT10N	Connectivitis[10] IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
Cytoplasm											
DIASpot M	KAPDTCY6N	Cytoplasm[6] IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
Deaminated Gliadin											
ELISA	KAPDTDGLA02	Deamidated Gliadin IgA	HRP	96 T	Serum	10 µL	2	25-400 U/mL	82,4% - > 99%	30/30/10min RT	52
ELISA	KAPDTDGLG02	Deamidated Gliadin IgG	HRP	96 T	Serum	10 µL	2	25-400 U/mL	70,6% - 95,5%	30/30/10min RT	52
ENA											
DIASpot M	KAPDTENA	ENA[6] IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTENAN	ENA[6] IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot M	KAPDTNUENA	ENA Nucleosome IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTNUENAN	ENA Nucleosome IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
Gastritis											
DIASpot M	KAPDTIFPCA	Gastritis IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTIFPCAN	Gastritis IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
GBM											
DIASpot N	KAPDTGBN	GBM IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
Gliadin											
ELISA	KAPDTGLA02	Gliadin IgA	HRP	96 T	Serum	10 µL	2	25-400 U/mL	96,0% - 97,1%	30/30/10min RT	52
ELISA	KAPDTGLG02	Gliadin IgG	HRP	96 T	Serum	10 µL	2	25-400 U/mL	76,7% - 87,5%	30/30/10min RT	52
β2-GPI											
ELISA	KAPDTGPG02	ß2-GPI IgG	HRP	96 T	Serum	10 µL	2	25-400 U/mL	97,3% - 96%	30/30/10min RT	52
ELISA	KAPDTGPM02	ß2-GP1 IgM	HRP	96 T	Serum	10 µL	2	25-400 U/mL	> 99% - > 99%	30/30/10min RT	52

Format	Cat#	Description	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
Intrinsic Factor											
ELISA	KAPDTIF01	Intrinsic Factor IgG	HRP	96 T	Serum	10 µL	3	-	99% - 99%	30/30/10min RT	52
DIASpot N	KAPDTIFN	Intrinsic Factor IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
Liver											
DIASpot M	KAPDTLI7	Liver[7] IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTLI7N	Liver[7] IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot N	KAPDTLI4N	Liver[4] IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot N	KAPDTLI5N	Liver[5] IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot N	KAPDTLI10N	Liver[10] IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
Lupus											
DIASpot N	KAPDTLUN	Lupus IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
Milk Intolerance											
DIASpot N	KAPDTBSN	Milk Intolerance IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
Mitochondria											
DIASpot M	KAPDTMI4	Mitochondria[4] IgG + IgM	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTMI4N	Mitochondria[4] IgG + IgM	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot N	KAPDTMI2N	Mitochondria[2] IgG + IgM	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
Nucleosome											
ELISA	KAPDTNU02	Nucleosome	HRP	96 T	Serum	10 µL	2	25-400 U/mL	85% - 94%	30/30/10min RT	52
DIASpot N	KAPDTNUN	Nucleosome IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot N	KAPDTNUHISN	Nucleosome / Histones IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
Polymyositis - Scleroderma											
DIASpot M	KAPDTPMS8	Polymyositis / Scleroderma[8] IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTPMS8N	Polymyositis / Scleroderma[8] IgG	-	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52

DIASpot M: Manual Immunodot - DIASpot N: Fully automated in 45 min with Neptune Instrument (see Instrument section) AF=Amiotic Fluid - CP=Citrate Plasma - CSF=Cerebrospinal Fluid - EP=EDTA Plasma - F=Feces - HP=Heparin Plasma - HS=High Sensitive - IVD=In Vitro Diagnostics - ON=Over night P=Plasma - Pl=Platelets - S=Serum - Sa=Saliva - SF=Synovial Fluid - SP=Seminal Plasma - TH=Tissue Homogenate - U=Urine - UD=Ultra-dialysates

BIOGENIC AMINES

Biogenic amine is a chemically imprecise term, which, by convention, includes the catecholamines: **Epinephrine** (or **Adrenaline**), **Norepinephrine** (or **Noradrenaline**) and **Dopamine**, the indoleamine Serotonin, the imidazolamine Histamine and compounds closely related to each of these. They are produced by decarboxylation of amino acids. These biogenic amines play key roles in neurotransmission and other signalling functions.



CATECHOLAMINES

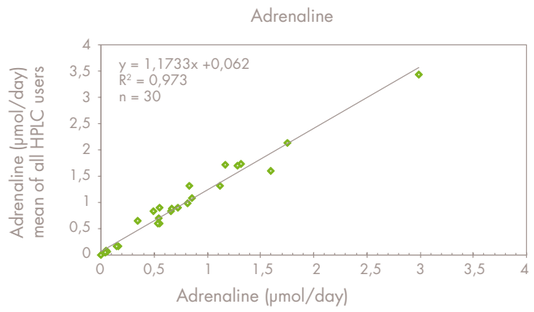
The principal catecholamines are norepinephrine (noradrenaline), epinephrine (adrenaline) and dopamine. These compounds are formed from phenylalanine and tyrosine. Tyrosine is produced in the liver from phenylalanine through the action of phenylalanine hydroxylase. The tyrosine is then transported to catecholamine-secreting neurons where a series of reactions convert it to dopamine, to norepinephrine and finally to epinephrine. The measurement of catecholamines in biological fluids ("biogenic amines") is routinely performed for the diagnosis of biogenic amine-secreting tumors (i.e., pheochromocytoma, neuroblastoma).

Pheochromocytoma, a tumor of the chromafin tissue, is associated with the presence of greatly increased plasma and urinary catecholamine concentrations. Elevated catecholamines have also been found in patients with other tumors of neural tube origin, such as neuroblastomas and ganglioneuroblastomas.

HISTAMINE

Histamine is the most important mediator in human and is mostly found in the initial phase of anaphylaxis ("immediate type" allergy). Histamine acts predominantly on smooth muscle and blood vessels.

Major effects include widespread arteriolar dilation, local increased capillary permeability by contracting endothelial cells, contraction of nonvascular smooth muscle, bronchoconstriction, chemotaxis for eosinophils, blocking T lymphocyte function and gastric acid secretion.



MELATONIN

The major hormone secreted by the pineal gland - is a key modulator of annual and circadian biorhythms. Its circadian profile in body fluids is an excellent marker for the setting of the endogenous clock. Daytime plasma Melatonin levels are low and rise in the evening (onset). Night-time levels peak at around 03.00 hrs. (acrophase) in most healthy humans. As a general modulator of human biorhythm, Melatonin is involved in the timing of functions such as sleep, mood, reproduction and immune system activity.

NEPHRINES

Normetanephrine and metanephrine are physiologically formed from the catecholamines noradrenaline and adrenaline by the enzyme catechol-O-methyltransferase (COMT). Increased levels of normetanephrine and metanephrine can be found in patients suffering from pheochromocytoma, ganglio - neuroma and other neurogenic tumors.

SEROTONIN

Is well established as a neurotransmitter in the central nervous system. Altered concentrations of circulating serotonin have been implicated in several pathologic conditions including chronic tension migraine, schizophrenia, hypertension, Huntington's disease, Duchenne's muscular dystrophy and early acute appendicitis. The determination of serum serotonin levels is of high clinical significance for diagnostic assessment of carcinoid syndrome.

ASSESSMENT OF BIOGENIC AMINES

The concentrations of catecholamines may be determined in serum, plasma, urine, other body fluids and even cell culture supernatants. The most commonly used methodology is HPLC combined with electrochemical detection. However this methodology is subject to analytical error, when synthetic sympatho-mimetic therapeutic agents, in comparatively high concentrations present, interfere with the quantitative determination of endogenous catecholamines. Peaks arriving from these synthetic agents will mask the biogenic amine peaks, making exact determinations almost impossible.

An alternative and more specific method for the determination of biogenic amines in any type of sample is immuno-assay, whether as radioimmunoassay (RIA) or enzyme immunoassay (ELISA).

These immunoassays correlate very well with the standard HPLC methodology, but have additional advantages:

- No predilution of the sample
- Short assay time
- Easy automation for high sample throughput, esp.
- No interference from therapeutic drugs and their metabolites
- High specificity: the only compound measured is the biologically active L-isomer
- Superior sensitivity , even in combination with small sample volume

Format	Cat#	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)	Remarks
2 CAT (Adrenaline and Noradrenaline)											
ELISA	KAPL10-1500	HRP	2 x 96 T	U EP	10 300	2	see Adrenaline ELISA and Noradrenaline ELISA				-
3 CAT (Adrenaline, Noradrenaline and Dopamine)											
ELISA	KAPL10-1600	HRP	3 x 96 T	U EP	10 300	2	see Adrenaline ELISA , Noradrenaline ELISA and Dopamine ELISA				-
5-Hydroxy-3-Indole Acetic Acid (5-HIAA)											
ELISA	KAPL10-1900	HRP	96 T	U	50	2	0,17-50 mg/L	0,17 mg/mL	3	60	-
Adrenaline (Epinephrine)											
ELISA	KAPL10-0100	HRP	96 T	U EP	10 300	2	0,7-200 ng/mL 18-6667pg/mL	0,9 ng/mL 10pg/mL	2,5	60	-
Dopamine											
ELISA	KAPL10-0300	HRP	96 T	U EP	10 300	2	4.8-2000 ng/mL 175-33333pg/mL	2,5 ng/mL 49pg/mL	2,5	60	-
Histamine											
ELISA	KAPL10-1000	HRP	96 T	U EP	10 25	2	0,12-50 ng/mL 0,3-125ng/mL	0,12ng/mL 0,30ng/mL	4	60	-
Metanephrine											
ELISA FT (Plasma)	KAPL10-0700	HRP	96 T	HP - EP	200	2	15,1-3600 pg/mL	14,9 ng/mL	< 3 or ON	60	Fast Test assay
ELISA FT (Urine)	KAPL10-0500	HRP	96 T	U	25	2	13-2000 ng/mL	13 ng/mL	1	60	Fast Test assay
Nephrines (Metanephrine ELISA FT Plasma and Normetanephrine ELISA FT Plasma)											
ELISA FT (Plasma)	KAPL10-1400	HRP	2 x 96 T	HP - EP	200	2	see Metanephrine ELISA FT Plasma and Normetanephrine ELISA FT Plasma				Fast Test assay
ELISA FT (Urine)	KAPL10-1300	HRP	2 x 96 T	U	25	2	see Metanephrine ELISA FT Plasma and Normetanephrine ELISA FT Urine				Fast Test assay
Noradrenaline (Norepinephrine)											
ELISA	KAPL10-0200	HRP	96 T	U EP	10 300	2	2,5-600ng/mL 93-33333pg/mL	1,7 ng/mL 36pg/mL	2,5	60	c
Normetanephrine											
ELISA FT (Plasma)	KAPL10-0600	HRP	96 T	HP - EP	200	2	22,8-7200 pg/mL	17,9 pg/mL	< 3 or ON	60	Fast Test assay
ELISA FT (Urine)	KAPL10-0400	HRP	96 T	U	25	2	23-3000 ng/mL	23 ng/mL	1	60	Fast Test assay
Serotonin											
ELISA HS	KAPL10-5900*	HRP	96 T	UD - TH	1 to 100	2	0,15-2,5 ng/mL	0,005 ng/mL	ON	60	-
ELISA FT	KAPL10-0900	HRP	96 T	S - U - P	25	2	10,2-2500 ng/mL	6,2 ng/mL	1	60	Fast Test assay

*For Research Use Only
AF=Amiotic Fluid - CP=Citrate Plasma - CSF=Cerebrospinal Fluid - EP=EDTA Plasma - F=Feces - HP=Heparin Plasma - HS=High Sensitive - IVD=In Vitro Diagnostics - ON=Over night
P=Plasma - Pl=Platelets - S=Serum - Sa=Saliva - SF=Synovial Fluid - SP=Seminal Plasma - TH=Tissue Homogenate - U=Urine - UD=Ultra-dialysates

BONE METABOLISM

Bones are continuously undergoing a dynamic process of resorption and absorption known as **bone metabolism**. Signaling pathways on which bone metabolism relies include the action of several hormones, as **Osteocalcin, parathyroid hormone (PTH) and Vitamin D**.

As **Osteocalcin**, the major non-collagenous protein of the bone matrix, is manufactured by osteoblasts, it is often used as a biochemical marker, for the bone formation process. A large number of studies indicate that serum-osteocalcin levels reflect very well the rate of bone formation.

The determination of blood levels of Osteocalcin is valuable for:

- The identification of women at risk of developing osteoporosis
- Monitoring bone metabolism in several clinical conditions:
  - during peri- and post menopause
  - during Hormone Replacement Therapy
  - patients with GH deficiency, Renal osteodystrophy

PARATHYROID HORMONE (PTH), OR PARATHORMONE

Is secreted by the parathyroid glands as a polypeptide containing 84 amino acids and is the major physiological regulator of phosphocalcic metabolism. It acts to increase the concentration of calcium (Ca_{2+}) in the blood.

Measurements of PTH is used in:

- Diagnose hyperparathyroidism (elevated levels of intact PTH)
- Differentiation between hypoparathyroidism and hypercalcemia
- It allows documenting the occurrence of secondary hyperparathyroidism in patients with Vitamin D deficiency, intestinal malabsorption, or renal failure.

AGGRECAN (PG)

Is the predominant proteoglycan species in articular cartilage.

The loss of PG and other matrix components from the cartilage leads to destruction of the tissue, causing complete deterioration of the articular surface. PG and PG fragments released in synovial fluid and serum during this degradation process might serve as markers of the metabolic changes in diseased cartilage.

The DIAsource Aggrecan EASIA assay provides and easy, non-invasive methodology for the quantification of cartilage turnover. It can also be used for the monitoring of the effect of drugs on the cartilage turnover.

FETUINS

Are blood proteins, which are made in the liver and secreted into the blood stream. They belong to a large group of binding proteins mediating the transport and availability of a wide variety of cargo substances in the blood stream (e.g. Serum Albumin).

Fetuin has the highest capacity in inhibiting soft tissue calcification among all other molecules in the circulation. It is the most important and major calcification regulating protein in the circulation. The function of inhibiting soft tissue calcification is achieved by forming a soluble colloidal microsphere of fetuin-calcium-phosphate complex in the bloodstream.

OSTEOCALCIN OR BONE GLA PROTEIN (B.G.P)

Is the major non-collagen protein of the bone matrix. It has a molecular weight of 5800Da and contains 49 amino-acids, including 3 residues of gamma carboxyl glutamic acid. Osteocalcin is synthesized in the bone by the osteoblasts. After production, it is partly incorporated in the bone matrix and the rest is found in the blood circulation. The exact physiological function of osteocalcin is still unclear. A large number of studies show that the circulating levels of osteocalcin reflect the rate of bone formation.

VITAMIN D

Plays an important role in the maintenance of major organ systems: Vitamin D regulates the calcium and phosphorus levels in the blood and inhibits parathyroid hormone secretion from the parathyroid gland. Vitamin D deficiency can result from inadequate intake coupled with inadequate sunlight exposure, conditions that impair conversion of vitamin D into active metabolites, such as liver or kidney disorders, or, rarely, by a number of hereditary disorders. Deficiency results in impaired bone mineralization, and leads to bone softening diseases, rickets in children and osteomalacia in adults, and possibly contributes to osteoporosis. Research has also indicated that vitamin D deficiency is linked to colon cancer and more recently, to breast cancer. Conflicting evidence links vitamin D deficiency to other forms of cancer.

The major form of Vitamin D, 25OH Vitamin D, has a limited biological activity and is converted in the kidney to $1,25(OH)_2$ Vitamin D a more active derivate. The blood levels of $1,25(OH)_2$ D being 100 to 1000 less than 25OH D, it requires extraction and separation steps prior to measurement.

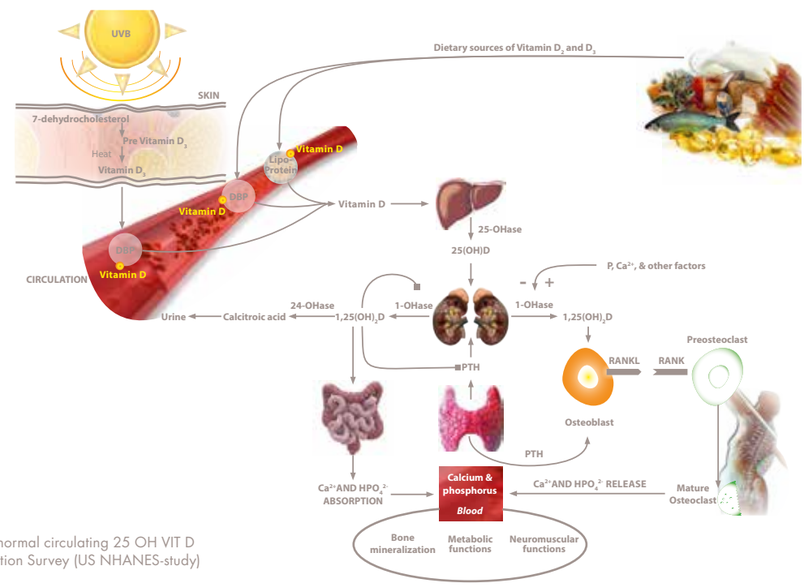
Free 25OH Vitamin D represents the tiny fraction that circulates as the free form. It is considered to be a better biomarker than 25OH Vitamin D in some conditions.

PHYSIOLOGY OF VITAMIN D

Patient status	ng/mL of 25(OH) Vit D*
Vit D Deficiency	< 10
Vit D Insufficiency	10 - 30
Vit D Sufficiency	> 30 - 100
Risk for Toxicity	> 100

Vitamin D related diseases:

- Rickets in Children
- Osteoporosis, Osteomalacia
- Cancer
- Type II Diabetes
- Auto Immune Diseases
- Parkinson's disease



*Based on a vast majority of clinical studies to define normal circulating 25 OH VIT D levels e.g. US National health and Nutrition Examination Survey (US NHANES-study)

Format	Cat#	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)	Remarks
Aggrecan (PG)											
ELISA	KAP1461	HRP	96 T	SF - S	50	3	10-250 ng/mL	0,9 ng/mL	3,25	60	-
Fetuin											
ELISA	KAPEPKT800	HRP	96 T	S	10	2	12,5-370 ng/mL	5 ng/mL	3	60	-
Osteocalcin											
ELISA	KAP1381	HRP	96 T	S - P	25	2	2-50 ng/mL	0,4 ng/mL	2,5	60	-
Intact ParaThyroid Hormone (PTH)											
ELISA	KAP1481	HRP	96 T	S - P	200	2	15-1040 pg/mL	2 pg/mL	3	60	-
$1,25(OH)_2$ Vitamin D											
ELISA	KAP1921	HRP	96 T	S	500	2	0-190 pg/ml	0,8 pg/ml	19	52	-
ELISA	3019700	set including solvents for 2 kits of $1,25(OH)_2$ Vitamin D									
ELISA	4300604	shaker for extraction (IKA Vibrax 1200 RPM)									
ELISA	4300605	support rack for tubes (to be used with shaker									
ELISA	1102496	extra cartridges for extraction in single (1 bag of 42 cartridges)									
25OH Vitamin D Total											
ELISA	KAP1971	HRP	96 T	S	50	2	0-135 ng/mL	2,8 ng/mL	2,75	130	-
25OH Vitamin D Total 90'											
ELISA	KAP1971/F1	HRP	96 T	S - P	25	2	0-135 ng/mL	3,6 ng/mL	1,5	104	Fast version
ELISA	KAP1971/F2	HRP	192 T	S - P	25	2	0-135 ng/mL	3,6 ng/mL	1,5	104	Fast version
Free 25OH Vitamin D Total											
ELISA	KARF1991	HRP	96 T	S	10	2	0,2-35 pg/mL	1,9 pg/mL	2,75	52	-
RAT 25OH Vitamin D Total											
ELISA (Rat)	KRR1971	HRP	96 T	S	50	On request	0-135 ng/mL	2,8 ng/mL	2,75	130	-

AF=Amiotic Fluid - CP=Citrate Plasma - CSF=Cerebrospinal Fluid - EP=EDTA Plasma - F=Feces - HP=Heparin Plasma - HS=High Sensitive - IVD=In Vitro Diagnostics - ON=Over night P=Plasma - Pl=Platelets - S=Serum - Sa=Saliva - SF=Synovial Fluid - SP=Seminal Plasma - TH=Tissue Homogenate - U=Urine - UD=Ultra-dialysates

CANCER MARKERS

Serum tumor markers is a term commonly used to refer to molecules that can be detected in a blood sample by immunochemical methods. Tumor markers are produced either by the tumor (cancer) itself or by the body in response to the presence of cancer or certain non-cancerous (benign) conditions.

MEASUREMENTS OF TUMOR MARKER LEVELS BY SERUM MARKERS CAN BE USEFUL IN FOLLOWING CLINICAL SETTINGS

Diagnosis

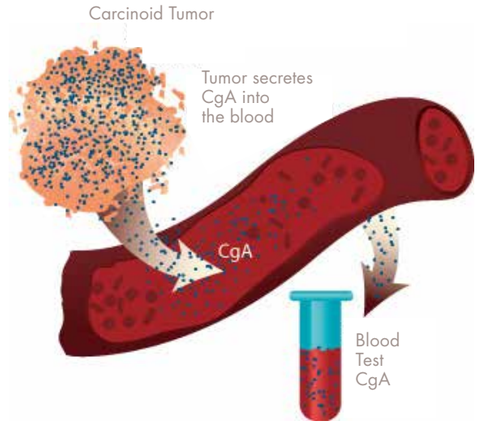
Serum tumor markers can, when used along with X-rays or other tests, aid in diagnosis of some types of cancer. They also can aid in locating the source of cancers that have metastasized.

Monitoring for recurrence of tumor

After successful treatment of a cancer patient, tumor marker(s) are regularly tested to indicate whether there is a recurrence of the cancer.

Prognosis and staging

Serum tumor markers can be used as aid in the tumor volume estimation, as a helpful tool to indicate tumor progression, or as indicator of metastasis involvement.



Detection of residual disease

After surgery of a specific cancer, serum tumor markers can be used to indicate whether the entire tumor burden has been successfully removed.

Monitoring treatment

Serum tumor markers can be used as tool to assess the outcome of treatment by monitoring a patient's response to a specific or various treatment regimens. In general, serum marker levels will drop if treatment is beneficial and will remain elevated or increased when treatment is not effective. Currently, the main use of tumor markers is to assess a cancer's response to treatment and to check for recurrence.

Cancer marker	Clinical use
AFP (Alpha-Fetoprotein)	Testicular Cancer, Ovarian cancer, Malignant teratoma
CA 125	Ovarian cancer, Endometrial cancer
CA 15-3	Breast cancer
CA 19-9	Pancreatic cancer, Colorectal
CEA (Carcino Embryonic Antigen)	Colorectal, lung and breast cancers
CgA (Chromogranin A)	Small - Cell Lung Carcinoma (SCLC) Tumors of neuroendocrine origin
CT us (Calcitonin Ultra sensitive)	Medullary Thyroid carcinoma (MTC)
Gastrin	Gastrin producing tumors
Beta-hCG (Free beta human Chorionic Gonadotropin)	Throphoblastic and testicular cancers
NSE (Neuron Specific Enolase)	Medullary thyroid carcinoma Pancreatic islet cell cancer Small Cell Lung Cancer (SCLC)
Small Cell Lung Cancer (SCLC)	Tg-S (Thyroglobuline) Thyroid cancer

Format	Cat#	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)	Remarks
Alpha-Fetoprotein (AFP)											
ELISA	KAPD1468	HRP	96 T	S	25	0	10-160 IU/mL	1 IU/mL	0,7	60	-
Calcitonin Ultra Sensitive (CT US)											
ELISA	KAP0421	HRP	96 T	S	50	2	10-400 pg/mL	0,7 pg/mL	18,5	60	1pg= 0,19µIU 2nd IS 89/620
Chromogranin A (CgA)											
ELISA	KAPEPKT812	HRP	96 T	S	25	2	31-830 pg/mL	5 ng/mL	3,5	60	-

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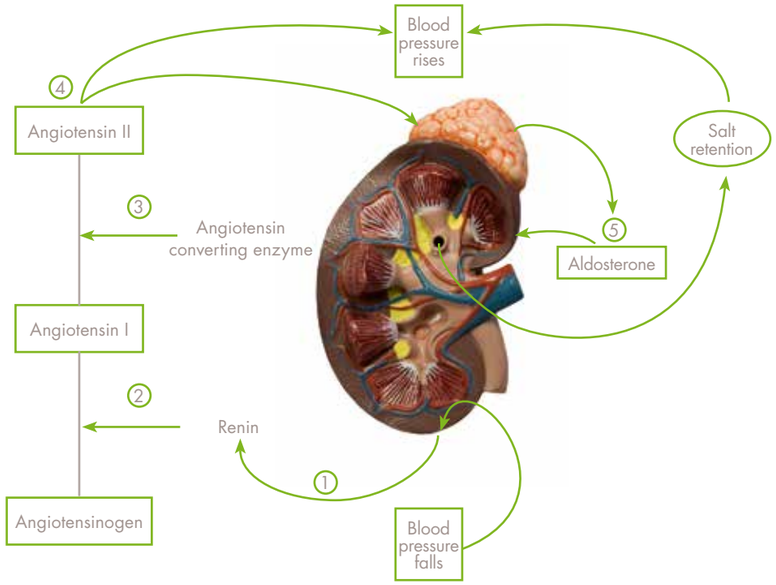
CARDIOVASCULAR & SALT BALANCE

THE RENIN-ANGIOTENSIN SYSTEM (RAS) OR THE RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM (RAAS)

(RAAS) is a hormone system that regulates blood pressure and water (fluid) balance. Renin activates the renin-angiotensin system by cleaving angiotensinogen, produced by the liver, to yield angiotensin I, which is further converted into Angiotensin II by ACE (Angiotension Converting Enzyme). Most important site for Renin release is the kidney.

Angiotensin also stimulates the secretion of the hormone Aldosterone from the adrenal cortex. Aldosterone causes the tubules of the kidneys to retain sodium and water. This increases the volume of fluid in the body, which also increases blood pressure. If the renin-angiotensin-aldosterone system is too active, blood pressure will be too high. Angiotensin II also stimulates the release of vasopressin (antidiuretic hormone, ADH) from the pituitary which acts upon the kidneys to increase fluid retention.



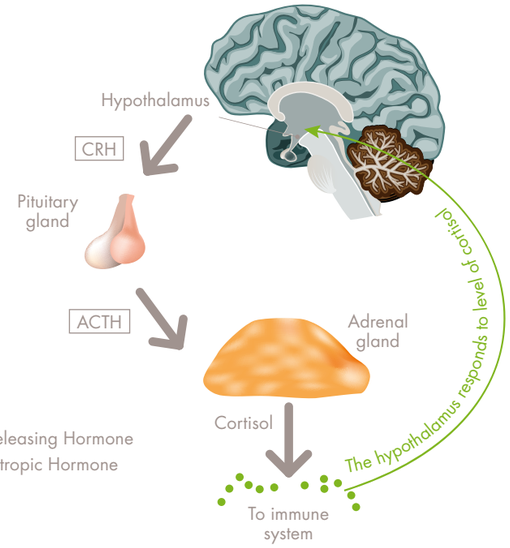
CORTISOL

Is the most abundant circulating steroid and the major glucocorticoid secreted by the adrenal cortex. Cortisol is physiologically effective in blood pressure maintenance and anti-inflammatory activity. It is also involved in calcium absorption, gluconeogenesis as well as in the secretion of gastric acid and pepsin.

It is increased under stress situations, physical exercise and external administration of ACTH. Measurement of cortisol levels in general, can be used as an indicator of adrenal function and differential diagnosis of Addison's and Cushing's diseases as well as adrenal hyperplasia and carcinoma.

Most circulating cortisol is bound to cortisol binding globulin or transcortin and albumin. The free cortisol, which is considered to be the active part of blood, is about 1 - 2%. In the absence of appreciable amounts of the cortisol binding proteins in saliva, salivary cortisol is considered to be free and shows a diurnal rhythm with the highest levels in the morning and the lowest levels at night.

STRESS REPONSE SYSTEM



CRH: Corticotropin Releasing Hormone
ACTH: Adrenocorticotropic Hormone

Format	Cat#	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)	Remarks
Aldosterone											
ELISA	KAPDB450	HRP	96 T	S - U	50	1	20-2000 pg/mL	15 pg/mL	1,25	48	
Cortisol											
ELISA	KAPDB270	HRP	96 T	S	20	1	0,5-60 µg/dL	0,4 µg/dL	1	48	
ELISA(saliva)	KAPDB290	HRP	96 T	Sa	50	1	1-100 ng/mL	1 ng/mL	1	48	
HS CRP											
ELISA	KAPDB4360	HRP	96 T	S	20	1	100-10000 ng/mL	10 ng/mL	1	48	
Renin Direct											
ELISA	KAP1531	HRP	96 T	EP	300	2	4-270 pg/mL	0,78 pg/mL	2,25	48	
Renin Plasma Activity											
ELISA	KAPDB4600	HRP	192 T	P	500	2	0,2-60 ng/mL	0,14 ng/mL	1,75	48	

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DIABETES & METABOLISM

DIABETES MELLITUS

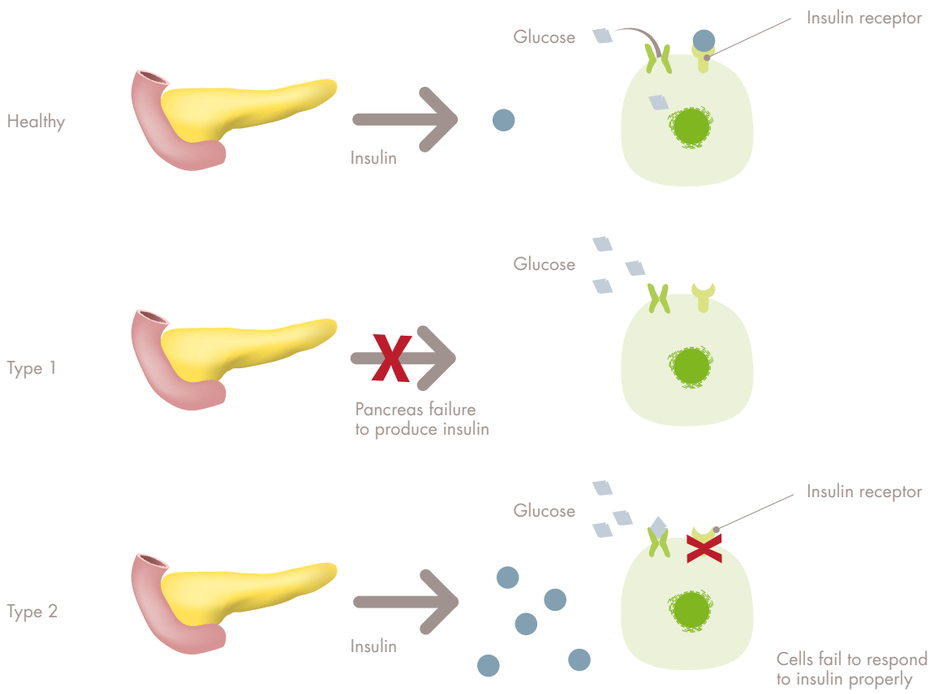
Is a disorder of carbohydrate metabolism. It is a disease characterized by persistent hyper-glycemia (high blood sugar levels). It is a metabolic disease that requires medical diagnosis, treatment and lifestyle changes.

There are three main forms of diabetes: Type 1, Type 2 and gestational diabetes (or Type 3, occurring during pregnancy), although these three "types" of diabetes are more accurately considered patterns of pancreatic failure rather than single diseases.

- Type 1 is due to autoimmune destruction of the insulin-producing cells
- Type 2 and gestational diabetes are due to insulin resistance by tissues

Type 2 may progress to destruction of the insulin producing cells of the pancreas, but is still considered Type 2, even though insulin administration may be required..

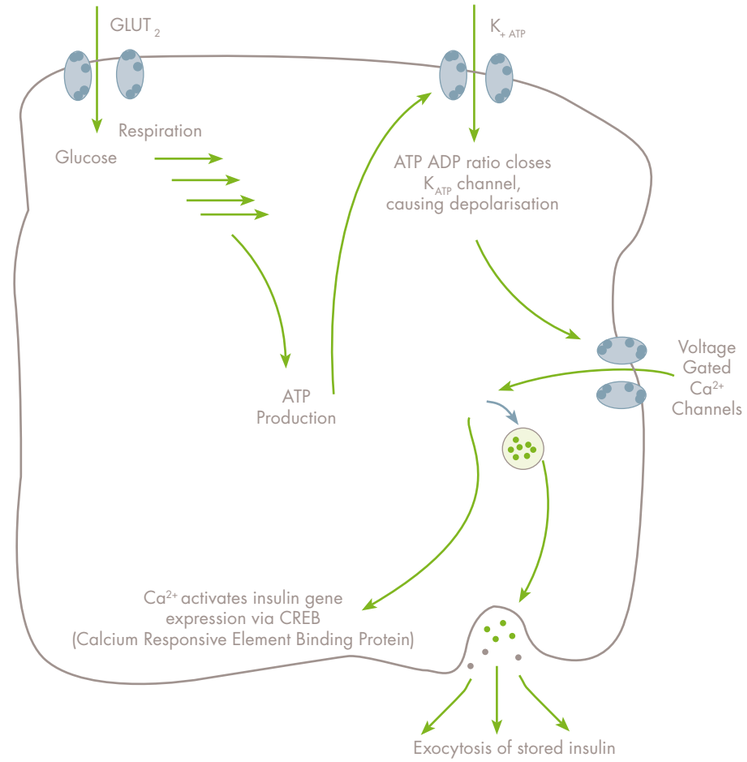
Since insulin is the principal hormone that regulates uptake of glucose into most cells from the blood (primarily muscle and fat cells, but not central nervous system cells), defciency of insulin or the insensitivity of its receptors plays a central role in all forms of diabetes mellitus.Diabetes is a chronic disease, and emphasis is on managing short-term as well as long-term diabetes-related problems. There is an important role for patient education, nutritional support, self glucose monitoring, as well as long-term glycemic control.



OBESITY

Obesity is a condition in which the natural energy reserve, stored in the fatty tissue of humans and mammals, is increased to a point where it is a risk factor for certain health conditions or increased mortality.

Obesity develops from the interaction of individual biology and the environment. Excessive body weight has been shown to correlate with various diseases, particularly cardiovascular disease, diabetes mellitus Type 2, sleep apnea, and osteoarthritis. Obesity is both an individual clinical condition and is increasingly viewed as a serious public health problem.



Format	Cat#	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)	Remarks
Adiponectin											
ELISA	KAPME09	HRP	96 T	S - P - TC	10	1	1-100 ng/mL	< 0,6 ng/mL	1,75	60	-
C-Peptide (C-PEP)											
ELISA	KAP0401	HRP	96 T	S	100	2	0,05-4,9 pmol/mL	0,01 pmol/mL	2,5	32	1ng= 1ng of the NIBSC 84/510
Insulin (INS)											
ELISA	KAP1251	HRP	96 T	S	50	2	5-250 µIU/mL	0,17 µIU/mL	0,75	60	1 µIU= 1µIU 2nd IRP 66/304
Leptin											
ELISA	KAP2281	HRP	96 T	S - P	50	2	1-120 ng/mL	0,1 ng/mL	2,5	60	-
ELISA (Ms/Rat)	KAPME06*	HRP	96 T	S - P	10	1	25-1600 pg/mL	10 pg/mL	3	60	-
ProInsulin											
ELISA	RVE-BX-96	HRP	96 T	S - P	100	1	2,5-100 pmol/L	0,5 pmol/L	1,75	60	not distributed in Belgium and Germany
Resistin											
ELISA	KAPME50	HRP	96 T	S - P	10	1	20-1000 pg/mL	12 pg/mL	4	60	-

*For Research Use Only
AF=Amiotic Fluid - CP=Citrate Plasma - CSF=Cerebrospinal Fluid - EP=EDTA Plasma - F=Feces - HP=Heparin Plasma - HS=High Sensitive - IVD=In Vitro Diagnostics - ON=Over night P=Plasma - Pl=Platelets - S=Serum - Sa=Saliva - SF=Synovial Fluid - SP=Seminal Plasma - TH=Tissue Homogenate - U=Urine - UD=Ultra-dialysates

FERTILITY

In order to understand the causes of infertility and the role modern infertility treatment plays in assisting conception, it is useful to look at the natural process - a woman's ovulatory cycle and the production of sperm in the male - and the hormones that play a major role in those processes.

The gonadotropins are hormones that primarily affect the ovaries and the testes. They regulate the development and hormone-secreting functions of these organs

Three gonadotropins are essential to reproduction: human follicle stimulating hormone (hFSH), human luteinizing hormone (hLH) and human chorionic gonadotropin (hCG). FSH and LH are secreted by the pituitary gland situated beneath the brain. Their secretion is controlled by another hormone, the gonadotropin-releasing hormone (GnRH) produced by the hypothalamus. hCG is primarily produced by the placenta following successful implantation, and plays a role in maintaining pregnancy.

Androgen is the generic term for any natural or synthetic compound, usually a steroid hormone, that stimulates or controls the development and maintenance of masculine characteristics in vertebrates by binding to androgen receptors. This includes the activity of the accessory male sex organs and development of male secondary sex characteristics. Androgens, which were first discovered in 1936, are also called androgenic hormones or testoids. Androgens are also the original anabolic steroids. They are also the precursor of all estrogens, the female sex hormones. The primary and most well-known androgen is testosterone.

A subset of androgens, adrenal androgens, includes any of the 19-carbon steroids synthesized by the adrenal cortex, the outer portion of the adrenal gland (zonula reticularis - innermost region of the adrenal cortex), that function as weak steroids or steroid precursors, including dehydroepiandrosterone (DHEA), **dehydroepiandrosterone sulfate (DHEA-S),** and androstenedione.

DEHYDROEPIANDROSTERONE (DHEA)

A steroid hormone produced in the adrenal cortex from cholesterol. It is the primary precursor of natural estrogens.

ANDROSTENEDIONE

Anandrogenic steroid produced by the testes, adrenal cortex, and ovaries.
While androstenediones are converted metabolically to testosterone and other androgens, they are also the parent structure of estrone.

ANDROSTENEDIOL AND ANDROSTANEDIOLGLUCURONIDE

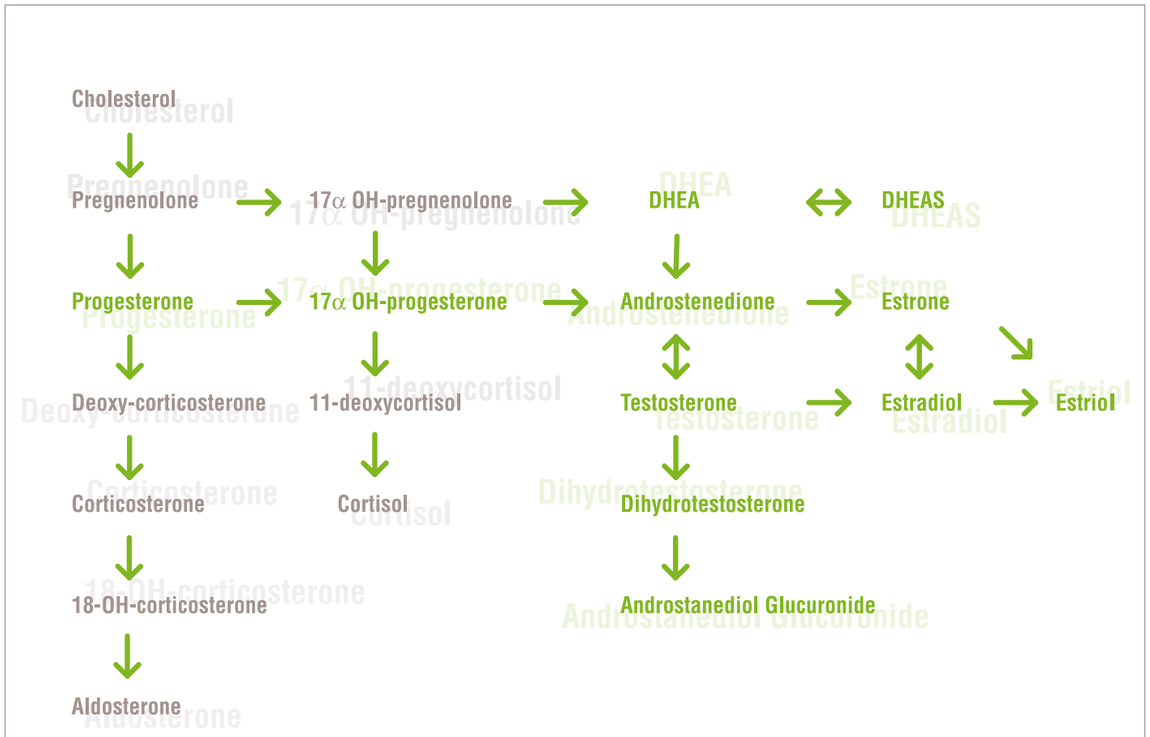
Steroid metabolites that are thought to act as the main regulators of gonadotropin secretion.

ANDROSTERONE

A chemical by-product created during the breakdown of androgens, or derived from progesterone, that also exerts minor masculinising effects, but with one-seventh the intensity of testosterone. It is found in approximately equal amounts in the plasma and urine of both males and females.

DIHYDROTESTOSTERONE (DHT)

A metabolite of testosterone, and a more potent androgens than testosterone that binds more strongly to androgen receptors. It is produced in the adrenal cortex.



Format	Cat#	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)	Remarks
Androstane Diol Glucuronide											
ELISA	KAPDB460	HRP	96 T	S	50	1	0,25-50 ng/mL	0,1 ng/mL	0,75	48	-
Androstenedione											
ELISA	KAPD3265	HRP	96 T	S - P	20	2	0,1-10 ng/mL	0,021 ng/mL	1,25	60	-
Chorionic Gonadotropin (hCG)											
ELISA	KAPD1469	HRP	96 T	S	25	0	5-1000 mIU/mL	< 5 mIU/mL	0,75	48	-
Dehydroepiandrosterone (DHEA)											
ELISA	KAPDB490	HRP	96 T	S	50	2	0,2-40 ng/mL	0,15 ng/mL	1,25	60	-
Dehydroepiandrosterone - Sulfate (DHEA-S)											
ELISA	KAPD1562	HRP	96 T	S - P	25	0	0,1-10 µg/mL	0,044 µg/mL	1,25	60	-
Estradiol, 17β (E2)											
ELISA	KAP0621	HRP	96 T	S - P	50	2	13-935 pg/mL	5 pg/mL	2,5	60	-
Estriol Free (E3)											
ELISA	KAPD1612	HRP	96 T	S	10	0	0,3-40 ng/mL	0,75 ng/mL	1,5	60	-
Estrone (E1)											
ELISA	KAPDB420	HRP	96 T	S	50	2	15-2000 pg/mL	3 pg/mL	1,25	60	-
Follicle Stimulating Hormone (FSH)											
ELISA	KAPD1288	HRP	96 T	S	25	0	5-100 mIU/mL	0,86 mIU/mL	0,75	48	-
Free β Chorionic Gonadotropin (βhCG, Free)											
ELISA	RVELISA4718	HRP	96 T	S	50	0	10-200 ng/mL	0,2 ngU/mL	1,3	48	-
Human Placental Lactogen (hPL)											
ELISA	KAPD1283	HRP	96 T	S	10	0	1,25-20 mg/mL	0,3 mg/mL	0,6	48	-
Luteinizing Hormone (LH)											
ELISA	KAPD1289	HRP	96 T	S	25	0	10-200 mIU/mL	1,27 mIU/mL	0,75	48	-
Pregnenolone											
ELISA	KAPDB4500	HRP	96 T	S	50	1	0,1-25,6 ng/mL	0,054 ng/mL	0,75	48	-
Progesterone (PROG)											
ELISA	KAP1451	HRP	96 T	S - P	50	2	0,2-20 ng/mL	0,08 ng/mL	3,5	60	-

Format	Cat#	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)	Remarks
Progesterone, 17 α Hydroxy- (17 αOH-PROG)*											
ELISA	KAP1401* **	HRP	96 T	S - EP - HP	25	2	0,08-15 ng/mL	0,04 ng/mL	1,5	96	-
ELISA	KAPD1292*	HRP	96 T	S	25	0	0,15-20 ng/mL	0,05 ng/mL	1,5	48	-
Prolactin (PRL)											
ELISA	KAPD1291	HRP	96 T	S	25	0	5-200 ng/mL	0,35 ng/mL	0,75	48	-
Sex Hormone Binding Globulin (SHBG)											
ELISA	KAPD2996	HRP	96 T	S - P	20	2	3-325 nmol/L	0,02 nmol/L	1	60	-
Sperm-Antibody											
ELISA	KAPD1826	HRP	96 T	S - SP	5	1	62-500 U/mL	-	2	48	-
Testosterone											
ELISA	KAPD1559	HRP	96 T	S - P	25		0,2-16 ng/mL	0,083 ng/mL	1,25	60	-
Testosterone, 5 α Dihydro (DHT)											
ELISA	KAPDB280*	HRP	96 T	S	50	2	25-2500 pg/mL	6 pg/mL	1,25	60	-
Testosterone, Free*											
ELISA	KAPDB260	HRP	96 T	S	25	2	0,1-60 pg/mL	0,018 pg/mL	1,25	60	-

*This product can be sold in Canada
**Also available for extraction of Newborn samples: #4214024 DIAsource reconstitution solution
AF=Amiotic Fluid - CP=Citrate Plasma - CSF=Cerebrospinal Fluid - EP=EDTA Plasma - F=Feces - HP=Heparin Plasma - HS=High Sensitive - IVD=In Vitro Diagnostics - ON=Over night
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GASTROINTESTINAL METABOLISM

PEPSINOGEN I & II are serological markers of gastric atrophy and a new screening tool for gastric cancer.

Pepsinogen consist of a single polypeptide chain of 375 amino acids with an average MW of 42kD protein.

PEPSINOGEN I (PGI) is mainly secreted by the chief cells of corpus stomach mucosa

(mucosa: Innermost layer where the stomach acid and digestive juices are made).

PEPSINOGEN II (PGII) is secreted from glands covering the whole stomach mucosa.

Together with determination of Gastrin-17, determination of Pepsinogen I & II, it is possible to get information to support the diagnosis of:

- Healthy stomach mucosa
- Functional and organic dyspepsia (when GastroPanel results indicate a healthy stomach mucosa, the cause of stomach problems is often functional dyspepsia or a disease outside the stomach).
- Atrophic gastritis (damaged stomach mucosa that is severely dysfunctional) and likelihoods of the conditions specifically in the corpus and antrum areas of the stomach (normal, gastritis or atrophc gastritis).
- Helicobacter pylori infection
- Acidity of the stomach.

HELICOBACTER PYLORI

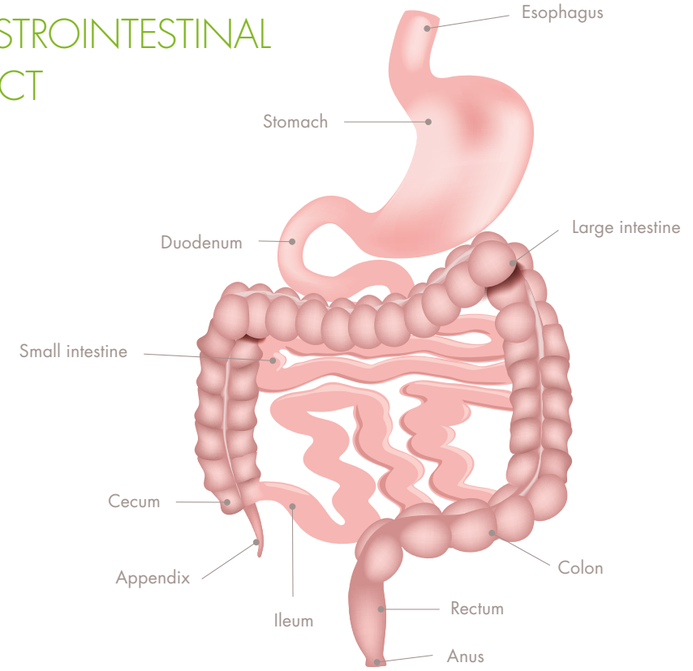
The bacterium Helicobacter Pylori plays a significant role in the pathologies of chronic gastritis, peptic ulcer and gastric cancer. Serological testing represents a useful non-invasive alternative.

CALPROTECTIN

Plasma Calprotectin concentrations are increased in various inflammatory conditions. This test allows a clear differentiation between Irritable Bowel Syndrom and chronic Inflammatory Bowel Disease.

Format	Cat#	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)	Remarks
Calprotectin											
ELISA	KAPEPKT849*	HRP	96 T	F	50	3	25-321 µg/g	2,5 ng/mL	2	60	-
Helicobacter pylori IgA											
ELISA	KAPDHPA	HRP	96 T	S - P	10	1		-	1h - 1h - 20m	60	-
Helicobacter pylori IgM											
ELISA	KAPDHPM	HRP	96 T	S - P	10	2		-	1h - 1h - 20m	60	-
Helicobacter pylori IgG											
ELISA	KAPDHPG	HRP	96 T	S - P	10	1		-	1h - 1h - 20m	60	-
Pepsinogen I											
ELISA	KAPEPKT810	HRP	96 T	S	25	1	3-300 ng/mL	0,5 ng/mL	1,25	60	-
Pepsinogen II											
ELISA	KAPEPKT811	HRP	96 T	S	50	1	6,3-100 ng/mL	0,5 ng/mL	2,25	60	-

HUMAIN GASTROINTESTINAL TRACT



*Also available: Calprotectin Sample Collection kit (48 tubes) cat#: KAPEPKT843

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GROWTH FACTORS

GROWTH HORMONE (GH OR SOMATOTROPIN)

Is a polypeptide hormone synthesised and secreted by the anterior pituitary gland which stimulates growth and cell reproduction in humans and other vertebrate animals.

The diseases resulting of GH excess are pituitary tumor, muscle weakness, insulin resistance or even a rare form of type 2 diabetes, and reduced sexual function. GH deficiency produces growth failure and short stature in children while in adults, may include deficiencies of strength, energy, and bone mass, as well as increased cardiovascular risk.

THE INSULIN-LIKE GROWTH FACTORS (IGFs)

Are polypeptides with high sequence similarity to insulin. IGFs are part of a complex system that cells use to communicate with their physiologic environment. This complex system (often referred to as the IGF "axis") consists of two cell-surface receptors (IGF1R and IGF2R), two ligands (IGF-I and IGF-II), a family of six high-affinity IGF binding proteins (IGFBP 1-6), as well as associated IGFBP degrading enzymes, referred to collectively as proteases.

IGF-1 and **IGF-II** are regulated by a family of proteins known as the IGF-Binding Proteins.

These proteins help to modulate IGF action in complex ways that involve both inhibiting IGF action by preventing binding to the IGF-1 receptor as well as promoting IGF action possibly through aiding in delivery to the receptor and increasing IGF half-life.

SOMATOSTATIN

Is a hormone comprising two peptides, one built of 14 amino acids, the other of 28 amino acids. Somatostatin is secreted not only by cells of the hypothalamus but also by delta cells of stomach, intestine, and pancreas. It binds to somatostatin receptors. It is classified as an inhibitory hormone whose main action is to inhibit the release of growth hormone.

INSULIN-LIKE GROWTH FACTOR BINDING PROTEINS (IGFBP)

Group of vertebrate secreted proteins, which bind to IGF-I and IGF-II with high affinity and modulate the biological actions of IGFs. The IGFBP family has six distinct subgroups, IGFBP-1 through 6, based on conservation of gene (intron-exon) organization, structural similarity, and binding affinity for IGFs.

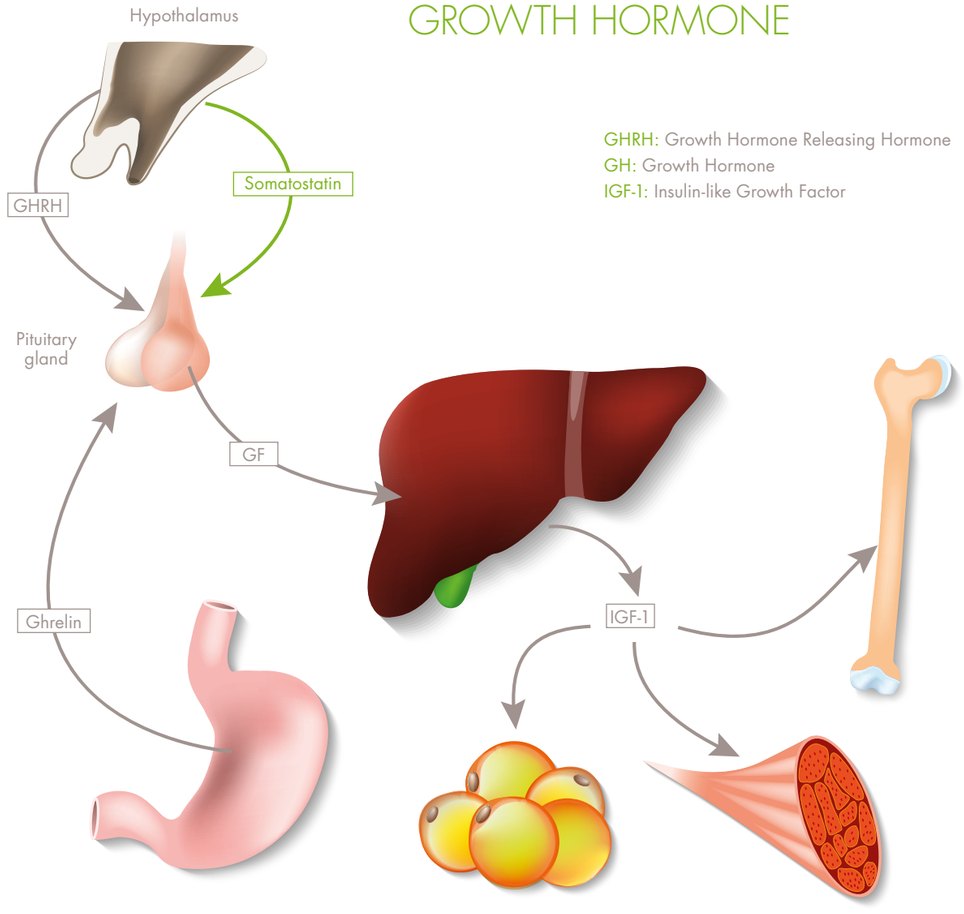
IGFBP-3

Forms a ternary complex with insulin-like growth factor acid-labile subunit (IGFALS) and either insulin-like growth factor (IGF) I or II. In this form, it circulates in the plasma, prolonging the half-life of IGFs and altering their interaction with cell surface receptors. A single IGFBP-3 determination is an excellent screening parameter for GHD. IGFBP-3 is a good parameter for monitoring the therapeutic efficacy in both GHD an acromegaly.

The IGFBP-2 concentration is age-dependent in blood

Normal values for healthy individuals (1.5 to > 70 years) were evaluated for this assay. Supplementary parameter to IGFBP-3 in the diagnosis of growth disorders (IGFBP-2/IGFBP-3 ratio), IGFBP-2 is an inhibitor of growth hormone action. Progression-dependent tumor marker in leukaemia, astrocystic CNS tumors, prostate, suprarenal cortex-, hepatocellular and other carcinomas. Anti-aging parameter: IGFBP-2 as a marker of physiological functionality.

GROWTH HORMONE



GHRH: Growth Hormone Releasing Hormone
GH: Growth Hormone
IGF-1: Insulin-like Growth Factor

Format	Cat#	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)	Remarks
Acid Labil Subunit (ALS)											
ELISA	KAPME35*	HRP	96 T	S - P	50	2	1,5-40 mU/mL	0,23 mU/mL	3	48	-
Human Growth Hormone (hGH)											
ELISA	KAP1081	HRP	96 T	S - P	50	2	0,64-74 µIU/mL	0,2 µIU/mL	1,25	60	1 µIU= 1µIU NIBSC 98/574
Insulin Growth Factor-1 or Somatomedin C (IGF-1 or SM-C)											
ELISA	KAP1581	HRP	96 T	S	100	2	75-3132 ng/mL	1,1 ng/mL	2	60	1 ng = 1ng NIBSC 1st IRR 87/518
Insulin Growth Factor Binding Protein-1 (IGFBP-1)											
ELISA	KAPME01	HRP	96 T	S - AF	20	1	1-180 µg/L	0,4 µg/L	1,75	60	-
Insulin Growth Factor Binding Protein-2 (IGFBP-2)											
ELISA	KAPME05	HRP	96 T	S - P	10	1	1-80 ng/mL	0,2 ng/mL	1,75	60	-
ELISA (Mouse)	KAPME08*	HRP	96 T	S	10	1	0,125-8 ng/mL	0,04 ng/mL	2,5	60	-
Insulin Growth Factor Binding Protein-3 (IGFBP-3)											
ELISA	KAP1171	HRP	96 T	S	10	2	460-16070 ng/mL	10 ng/mL	2,5	60	-

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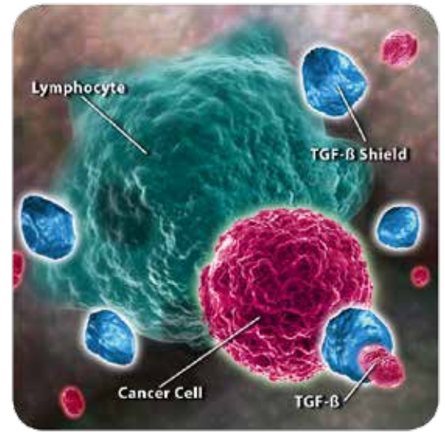
IMMUNOLOGY MARKERS

Clinical studies show that many cytokines play a crucial role in cancer, infectious diseases, allergy, inflammatory, autoimmune diseases and graft rejection. Measurements of cytokine levels are useful for understanding pathogenesis and as diagnostic and prognostic indicators. Cytokines may be pleiotropic (one cytokine, multiple effects), redundant (multiple cytokines, one effect) and antagonistic (one cytokine inhibits another cytokine).

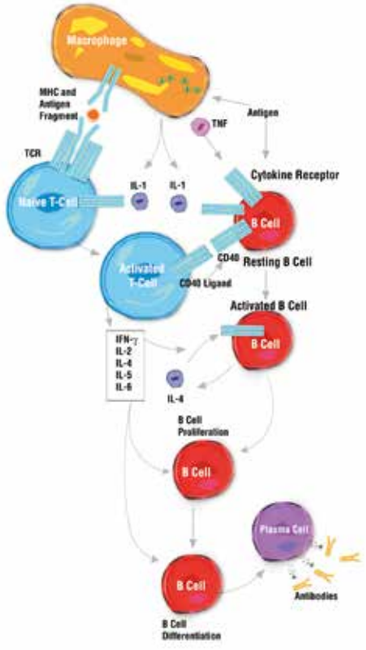
Cytokine actions may be grouped into five broad areas:

- Development of cellular and humoral immune responses
- Induction of inflammation
- Regulation of hematopoiesis
- Control of cellular proliferation and differentiation
- Induction of wound healing (cicatrization)



There are four major families of cell adhesion molecules:

- Immunoglobulin (Ig) superfamily Cell Adhesion Molecules(CAMs)
- Integrins
- Cadherins
- Selectins



APOPTOSIS PATHWAY

Apoptosis is a programmed cells death(PCD) during which cells activate intrinsic mechanisms leading to self destruction. It plays an important role in cell development, homeostasis, and immunity. Apoptosis is very important in the study of disease states such as cancer, liver cirrhrosis, AIDS, and many other diseases.

CELL SURFACE ANTIGENS

Both T and B cells have surface antigens that are characteristic of different stages in their life cycle, and antibodies have been prepared to identify the antigens. Knowledge of the specific type and stage of maturation of the tumour cells helps physicians to determine the prognosis and course of treatment for the patient.

HEMATOPOIESIS/DIFFERENTIATION

Hematopoiesis is the process by which all the different cell lineages that form the blood and immune system are generated from a common pluripotent stem cell. During the life of an individual, two separate hematopoietic systems exist, both arising during embryonic development but only one persisting in the adult.

INFLAMMATION

Is the complex biological response of vascular tissues to pathogens, damaged cells, or irritants. It is a protective attempt developped by the organism to remove the injurious stimuli as well as initiate the healing process for the tissue. A cascade of biochemical events propagates and matures the inflammatory response, involving the local vascular system, the immune system, and various cells within the injured tissue. Many cytokines play a key role in the inflammatory process.

INTERFERONS

Is a pleiotropic cytokine which is produced primarily by stimulated macrophages. Its role in directing development of a Th1 type immune response from naive T-cells demonstrates its critical role in regulation of the immune response and strongly suggests its potential usefulness in cancer therapy.

Format	Cat#	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)	Remarks
IFN-γ (Interferon-gamma)											
ELISA	KAP1231	HRP	96 T	S	50	2	1-30 IU/mL	0,03 IU/mL	2,25	60	1 IU= 1IU of NIBSC 87/586
IL-1 β (Interleukine-1 beta)											
ELISA	KAP1211	HRP	96 T	S	200	2	24-1166 pg/mL	0,35 pg/mL	2,25	60	1 pg=100 mIU of NIBSC 86/680
IL-6 (Interleukine-6)											
ELISA	KAP1261	HRP	96 T	S	100	2	23,3-2560 pg/mL	2 pg/mL	2,25	60	1 pg = 100 mU of NIBSC 89-548
IL-8 (Interleukine-8)											
ELISA	KAP1301	HRP	96 T	S	100	2	40- 1845 pg/mL	1,1 pg/mL	2,5	60	1 pg = 1mU of NIBSC 89/520
IL-10 (Interleukine-10)											
ELISA	KAP1321	HRP	96 T	S	100	2	11-1335 pg/mL	1 pg/mL	4,5	60	-
TNF-a (Tumor Necrosing Factor-alpha)											
ELISA	KAP1751	HRP	96 T	S	200	2	7-518 pg/mL	0,7 pg/mL	4,5	60	1pg = 40 mIU of NIBSC 87/650

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INFECTIOUS DISEASES

An **infectious disease** is a clinically evident disease resulting from the presence of pathogenic microbial agents, including pathogenic viruses, pathogenic bacteria, fungi, protozoa, multicellular parasites, and aberrant proteins known as prions. Serological methods are highly sensitive, specific and often extremely rapid tests used to identify microorganisms. These tests are based upon the ability of an antibody to bind specifically to an antigen. The antigen, usually a protein or carbohydrate made by an infectious agent, is bound by the antibody. Serological tests, if available, are usually the preferred route of identification. There are several serology techniques that can be used depending on the antibodies being studied. These include ELISA, agglutination, precipitation, complement-fixation and fluorescent antibodies.

DIASOURCE OFFERS SEROLOGICAL ELISA ASSAYS

TORCH-panel: Diagnostics of maternal-fetal infections and screening of the risk factors due to congenital infection.

- Toxoplasmosis
- Cytomegalovirus
- Rubella
- Herpes

EBV-panel: Epstein Barr Virus (EBV) is the causative agent of infectious mononucleosis and has long been suspected of having a contributory role in the etiology of Burkitt's Lymphoma and Nasopharyngeal Carcinoma.

- Epstein Barr Virus

Pediatric panel: Diagnostics of common childhood diseases remains important throughout the world, despite the prevalence of immunization programs in many countries.

- Measles
- Mumps
- Varicella

Gastro-Intestinal: The bacterium Helicobacter pylori plays a significant role in the pathologies of chronic gastritis, peptic ulcer and gastric cancer. Serological testing represents a useful non-invasive alternative.

- Helicobacter

STD-panel: Treponema pallidum is a Spirochaete bacterium of humans linked to veneral syphilis. Because T. pallidum subspecies cannot be readily isolated and grown in vitro, serological tests are the method of choice for diagnosis of syphilis.

- Treponema pallidum (Syphilis)

Tropical Disease:Tropical diseases are infectious diseases that are prevalent in or unique to tropical and subtropical regions.

- Dengue Fever
- Zika
- Malaria

Hepatitis panel: Hepatitis is an inflammation of the liver tissue that may cause acute or Chronic liver Disease leading in the worst case to the death of the patient. Serological tests with high specificity and sensitivity are of great importance for the diagnosis of the disease.

- Hepatitis A
- Hepatitis B
- Hepatitis C

Format	Cat#	Label	Size	Sample type	Sample size (µL)	Quali/ Quanti	Incubation (hours)	Max shelf life (weeks)	Remarks
EBV Panel									
Epstein Barr Virus VCA IgG (EBV VCA IgG)	KAPDVCAG	HRP	96 T	S, P	10	QUANTI	1h - 1h - 20m	60	-
Epstein Barr Virus VCA IgM (EBV VCA IgM)	KAPDVCAM					QUANTI			
Epstein Barr Virus VCA IgA (EBV VCA IgA)	KAPDVCAA					QUALI			
Epstein Barr Virus EBNA IgM (EBV EBNA IgM)	KAPDEBNM					QUALI			
Epstein Barr Virus EBNA IgG (EBV EBNA IgG)	KAPDEBNG					QUANTI			
Epstein Barr Virus Early IgM (EBV Early IgM)	KAPDEAM					QUALI			
Epstein Barr Virus Early IgM (EBV Early IgG)	KAPDEAG					QUANTI			
Gastro Intestinal Panel									
Helicobacter pylori IgA	KAPDHPA	HRP	96 T	S - P	10	QUANTI	1h - 1h - 20m	60	-
Helicobacter pylori IgM	KAPDHPM					QUALI			
Helicobacter pylori IgG	KAPDHPG					QUANTI			
Hepatitis Panel									
Hepatitis A: IgG (anti HAV)	KAPG4AGE3	HRP	96 T	S - P	10	QUALI	1,5	60	-
Hepatitis A: IgM (anti HAV)	KAPG4AME3				100				
Hepatitis B: HBsAg Screening	KAPG4SGE3		96 T		20				NIBSC 01/476-006
	KAPG4SGE11		480 T						
Hepatitis B: HBsAg Confirmation*	KAPG4SA0		96 T						
Hepatitis B: Anti-HBsAg	KAPG4SBE3				50				WHO Standard
Hepatitis B: HBeAg / Anti-HBe	KAPG4BNE3				100/50		2		PEI HBeAg Standard
Hepatitis B: Anti-HBc Total	KAPG4CBE3				50				PEI Anti-HBc Total Reference Material
Hepatitis B: Anti-HBc IgM	KAPG4CME3				5				
Hepatitis C: Anti-HCV (4th Generation)	KAPG4NAE3		96 T		10				NIBSC 99/608-1
	KAPG4NAE12		480 T						
Pediatric Panel									
Measles IgG	KAPRMVG10	HRP	96 T	S - P	10	3	QUALI	48	-
Measles IgM	KAPRMVM11								
Mumps IgG	KAPRMUG12								
Mumps IgM	KAPRMUM13								
Varicella zoster IgG	KAPRVIG20								
Varicella zoster IgM	KAPRVIM21								

Format	Cat#	Label	Size	Sample type	Sample size (µL)	Quali/ Quanti	Incubation (hours)	Max shelf life (weeks)	Remarks
HIV Panel									
HIV Ag Ab Screen II	RV790001	HRP	96 T	S - P	100	QUALI	2,5	88	-
	RV790005		480 T						
STD Panel									
Syphillis IgG	KAPRSPG16	HRP	96 T	S - P	10	QUALI	1,75	48	-
Syphillis IgM	KAPRSPM17								
Torch Panel									
Cytomegalovirus IgG (CMV IgG)	KAPDCMVG	HRP	96 T	S - P	10	QUANTI	1h - 1h - 20m	60	-
Cytomegalovirus IgM (CMV IgM)	KAPDCMVM					QUALI			
Herpes simplex virus 1 IgG	KAPDHSV1G					QUANTI			
Herpes simplex virus 1 IgM	KAPDHSV1M					QUALI			
Herpes simplex virus 2 IgG	KAPDHSV2G					QUANTI			
Herpes simplex virus 2 IgM	KAPDHSV2M					QUALI			
Herpes simplex virus 1&2 IgM	KAPDHSVM					QUALI			
Herpes simplex virus 1&2 IgG	KAPDHSVG					QUANTI			
Rubella IgG	KAPDRUBG					QUANTI			
Rubella IgM	KAPDRUBM					QUALI			
Toxoplasma IgG	KAPDTOXOG					QUANTI			
Toxoplasma IgM	KAPDTOXOM					QUALI			
Tropical Diseases Panel									
Dengue Fever IgG	KAPDDENG	HRP	96 T	S - P	10	QUALI	1h - 1h - 20m	60	-
Dengue Fever IgM	KAPDDENM								
Malaria Screen	KAPDMA	HRP	2 x 96 T	S - P	150		2,5	60	-
Zika Virus IgM µcapture	KAPN0790	HRP	96 T	S - P	10	QUALI	1,75	36	-
Tuberculosis panel									
Tuberculosis IgG Elisa	KAPRTBG38	HRP	96 T	S - P	10	QUALI	1,5	48	-
Tuberculosis IgM Elisa	KAPRTBM39	HRP	96 T	S - P	10		1,5	48	-

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THYROID FUNCTION

Measurement of Serum Thyroid Hormones T4 /FT4 is the most used thyroid test of all.

The T4 reflects the amount of thyroxine in the blood. If the patient does not take any type of thyroid medication, this test is usually a good measure of thyroid function.

Thyroxine (T4) represents 80% of the thyroid hormone produced by the normal gland and generally represents the overall function of the gland.

The new "sensitive" TSH test will show very low levels of TSH when the thyroid is overactive (as a normal response of the pituitary to try to decrease thyroid stimulation). Interpretations of the TSH level depends upon the level of thyroid hormone; therefore, the TSH is usually used in combination with other thyroid tests such as the T4/FT4 and T3/FT3.

THYROID BINDING GLOBULIN (TBG)

Most of the thyroid hormones in the blood are attached to a protein called thyroid binding globulin (TBG). If there is an excess or deficiency of this protein it alters the T4 or T3 measurement but does not affect the action of the hormone. If a patient appears to have normal thyroid function, but an unexplained high or low T4, or T3, it may be due to an increase or decrease of TBG. Direct measurement of TBG can be done and will explain the abnormal value.

Excess TBG or low levels of TBG are found in some families as an hereditary trait. It causes no problem except falsely elevating or lowering the T4 level. These people are frequently misdiagnosed as being hyperthyroid or hypothyroid, but they have no thyroid problem and need no treatment.

MEASUREMENT OF PITUITARY PRODUCTION OF TSH

Normally, low levels (less than 5 units) of TSH are sufficient to keep the normal thyroid gland functioning properly. When the thyroid gland becomes inefficient such as in early hypothyroidism, the TSH becomes elevated even though the T4/FT4 and T3/FT3 may still be within the "normal" range.

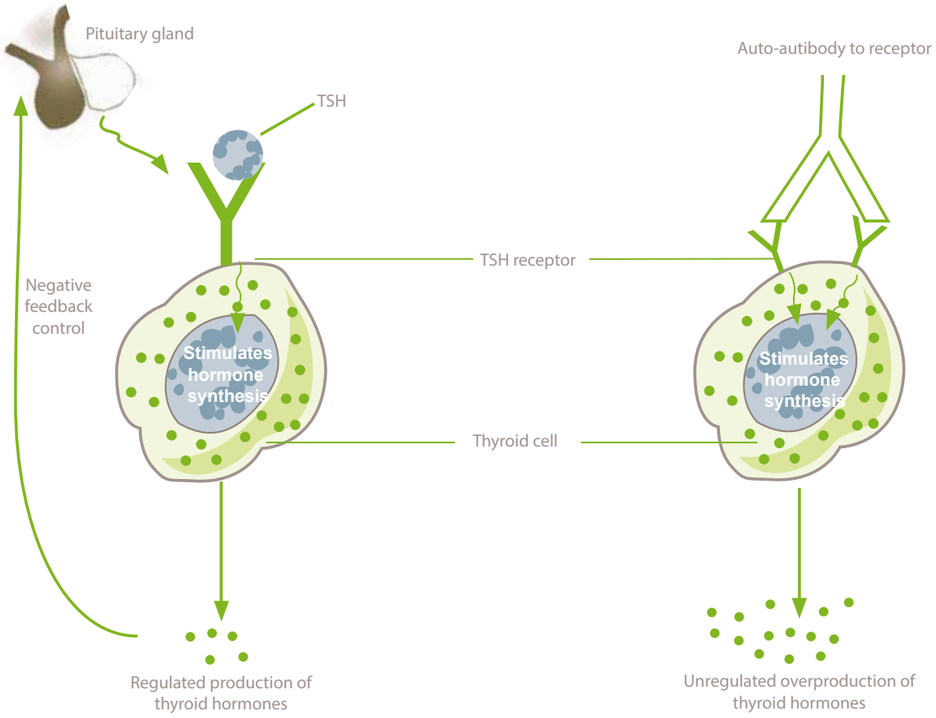
This rise in TSH represents the pituitary gland's response to a drop in circulating thyroid hormone; it is usually the first indication of thyroid gland failure. Since TSH is normally low when the thyroid gland is functioning properly, the failure of TSH to rise when circulating thyroid hormones are low is an indication of impaired pituitary function.

THYROID ANTIBODIES

The body normally produces antibodies against foreign substances such as bacteria; however, some people are found to have antibodies against their own thyroid tissue. The other 20% is triiodothyronine measured as T3. Sometimes the diseased thyroid gland will start producing very high levels of T3 but still produce normal levels of T4. Therefore measurement of both hormones provides an even more accurate evaluation of thyroid function.

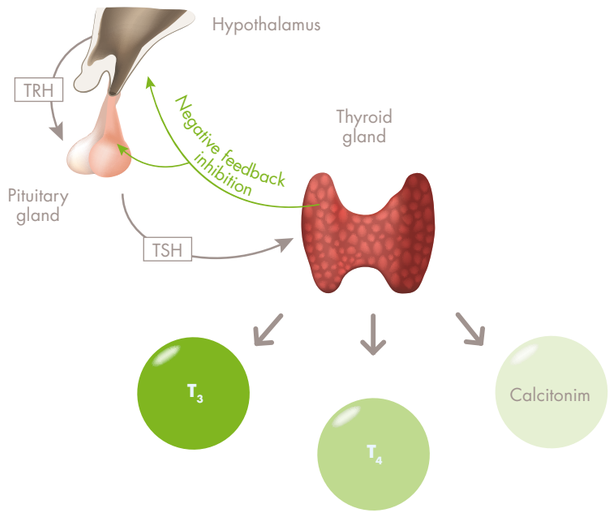
A condition known as Hashimoto's Thyroiditis is associated with a high level of these thyroid antibodies in the blood. Whether the antibodies cause the disease or whether the disease causes the antibodies is not known; however, the finding of a high level of thyroid antibodies is strong evidence of this disease. Occasionally, low levels of thyroid antibodies are found with other types of thyroid disease. When Hashimoto's thyroiditis is present under the form of a thyroid nodule rather than a diffuse goiter, the thyroid antibodies may not be present.

STIMULATING AUTO-ANTIBODIES (GRAVES' DISEASE)



Thyroid Antibody	Acronym	Present in
Thyroid peroxidase antibody	TPOAb	Hashimoto's thyroiditis; Graves' disease
Thyroglobulin antibody	TgAb	Thyroid cancer; Hashimoto's thyroiditis
Thyroid stimulating hormone receptor antibody	TRAb	Graves' disease

THYROID HORMONES



TRH: Thyroid Releasing Hormone
TSH: Thyroid Simulating Hormone
T_3: Triidothyronine hormone
T_4: Thyroxine hormone

Format	Cat#	Label	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)	Remarks
Anti TSH Receptors AutoAntibodies (TSH-R Ab) (Third Generation)											
ELISA	KAPD4834	HRP	96 T	S	75	2	0,4-30 U/L	0,08 U/L	3,25	48	-
Free L-Thyroxine (FT4)											
ELISA	KAPDB4340	HRP	96 T	S	25	2	1-100 pg/mL	1 pg/mL	1,25	48	-
Free Triiodo-Thyronine (FT3)											
ELISA	KAPDB4230	HRP	96 T	S	25	2	1-40 pg/mL	0,3 pg/mL	1,25	48	-
L-Thyroxine (T4)											
ELISA	KAPDB4240	HRP	96 T	S	20	2	1-32 µg/dL	0,6 µgnmol/L	0,75	60	-
Thyroid Stimulating Hormone (TSH)											
ELISA	KAPDB4080	HRP	96 T	S	50	2	0,2-30 µIU/mL	0,1 µIU/mL	1,75	60	-
Triiodo-Thyronine (T3)											
ELISA	KAPDB4220	HRP	96 T	S	50	2	0,2-10 ng/mL	0,16 ng/mL	1,25	60	-

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INSTRUMENTS

GEMINI

Fully automated microplate processor for low throughput applications.
Easy integration, no limits.

All values are achieved under optimal conditions and can vary depending on environmental conditions, instrument status and processing conditions. Specifications are subject to change with notice according to STRATEC's "Change control system".

CAT#: RVDIA916280000

Reader	
Photometric range	0 to 3.0 OD
Spectral range	400 nm to 700 nm (up to 8 filters)
Read time	< 15 sec single, < 30 sec dual
Precision	1% CV at 1.0 OD
Accuracy	±0.005 OD or 2.5% (whichever is greater)
Linearity	±0.005 OD or 2.5% (whichever is greater)

Pipettor	
Min. - Max. volumes	10 µl to 300 µl with 300 µl tip 301 µl to 1000 µl with 1100 µl tip
Precision (single dispense)	< 3% CV at 20 µl < 3% CV at 100 µl
Precision (multi dispense)	< 10% CV at 16 x 20 µl < 3% CV at 8 x 100 µl
Features	Pipetting pressure monitoring, capacitive liquid level detection, tip detection, mixing, multiple dilution steps, archiving

Capacity

Sample and reagent	Up to 192 samples capacity Flexible: e.g. 144 samples + 8 reagents + 16 controls

Incubator

Temperature range	Up to 45°C
Temperature uniformity	±1.5°C (with in-process temperature monitoring)
Shaking	Up to 20 Hz

Washer

Precision	10% CV at 300 µl
Residual volume	< 2.5 µl in U-bottom (mean) < 4 µl in flat bottom (mean)
Wash buffer capacity	3 wash buffers
Modes	Sweep mode, soak, top and bottom wash, variable pump speed

Dimensions & weight

Width x Depth x Height	97 cm x 66 cm x 75 cm 38.2" x 26.0" x 29.5"
Weight	151 kg (Gross weight), 115 kg (net weight)

Additional functionality through middleware software

Easy integration	Wide range of interfaces allows consolidation of results from other instruments
Connects instruments	Operates with single or multiple GEMINI installations
Connects host	Provides smooth real time bi-directional communication between device and LIS

Additional benefits

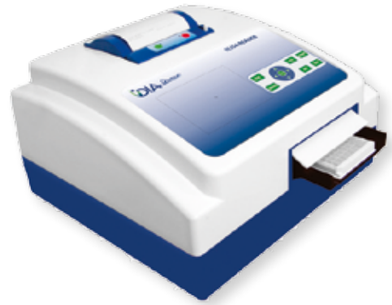
Short/long term data storage	Can operate with local dbase or SQL server
Retest management	User definable retest and reflex management
Drill down	Extensive drill down capability on sample or plate data
Open and definable	Use functions (e.g. reporting) definable allows maximum flexibility
Closed and secure	Software can be locked to operate as a secure closed system

ELISA PLATE READER

The ELISA Plate Reader is a user friendly Micro Plate Analyser from the latest technology at a competitive price. The ELISA instrument reads a complete plate within a few seconds and it is integrated with a thermal printer. The ELISA Plate Reader can accommodate a flat bottom as well as a round configuration. The instrument has a RS232 serial port output and can be connected to laptops with USB port.

CAT#: DIA2000

- Linear measurement range: 0.000 to 3.000 Absorbance Units
- Accuracy: ± 2% or 0.007 (0 to 1.5 A), ± 3% from 1.5 A to 3.0 A
- Drift: <0.005A/hr
- Photometric Linearity: 2.5A
- Optical measurement: 8 channels
- Filters: 405nm,450nm,492nm,630nm, 560nm
- Light Source: Tungsten halogen lamp, 20 Watts
- Printer: built in thermal printer 52 columns



ELISA WASHER

The ELISA Washer is a versatile, reliable and fast ELISA Plate Washer at a competitive price. The instrument has a built-in incubator for 2 microtiter plates with programmable timer that allows the user to incubate immediately after dispensing sample/conjugate or substrates. An auto rinsing program at regular intervals prevents crystallization and minimize cross contamination during washing. Automatically a rinsing and cleaning process will start before shutting down the instrument or starting a new test.

CAT#: DIA3000

- Manifold: 8 way Manifold autoclavable
- Volume: 50-500µl, residual volume: < 5µl
- Memory: 8KB Non volatile RAM Battery Back up, supporting 35 open channels
- Shaking time: 1 to 59 seconds
- Specially designed Peristaltic Pump

ELISA SHAKER

The ELISA Shaker, RT allows shaking and incubation simultaneously as from 18°C up to 32°C.

CAT#: DIA4000

- Incubation time: 1 to 999 minutes
- Shaker frequency: 400 to 700 RPM, amplitude: 2mm
- Operating modes: shaker, incubator, shaking and incubator
- Temperature control - Range: 37°C to 42°C

NEPTUNE

Allows automation of DIASpot Neptune and DIASpot Multi^{QUANT} Neptune strips: more than 30 differents kits.
Up to 24 identical or completely different strips can be loaded on the moving arm.

Total flexibility

Classic Dot strips (DIASpot Neptune) can be mixed with Microarray strips (DIASpot Multi^{QUANT} Neptune) in the same run.

Traceability of the test

Bar code system controls the right association strip/cartridge.
No priming, no tedious washing or disinfection steps, easy maintenance (save on time).

All strips are loaded on the same moving arm

Same incubation conditions for all the strips (no drift).

Small Instrument

Space saving instrument. Reduced cost and is user-friendly.

CAT#: DIA1000

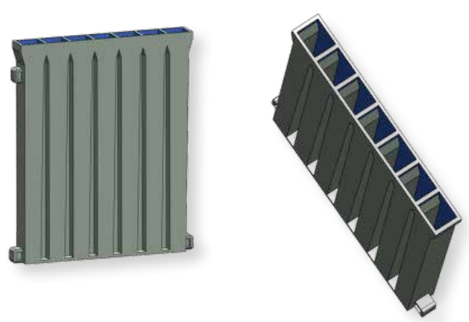
Characteristics	Figures
Weight	9,5 kg
Size	30 x 30 x 55 cm
Number of different strips per run	Up to 24
Number of patients tested per run	Up to 24
Sample Volume/Strip	10 µL
Preparation time	15 min.
Running time	45 min.
Maximum results per run	288 (DIASpot Neptune)
	600 (DIA Spot MultiQUANT Neptune)

Also available

Neptune Quantification Software cat# DIA1001
Neptune Scanner cat# DIA1003

The DIASpot Neptune kits, adapted for automation:

Strips are mounted on a special plastic support.
Reagents are provided in ready-to-use individual cartridges, to fit the Neptune automated instrument.



RAPID TESTS

We are commercialising a whole new range of Rapid Screen Tests to provide the clinical laboratories with an excellent alternative (or complementary) for the cumbersome and time-consuming immunoassays. The use of these Rapid Screen Tests will automatically decrease the Turnaround Time (TAT) of any given sample and will expand the possibilities of the hospitals to develop POCT centre's (Point of Care Testing) for **cardiology, pregnancy and fertility, drugs of abuse, infectious diseases**. These innovative rapid tests combine high quality, simplicity, speed, and specificity..

ADENOVIRUS

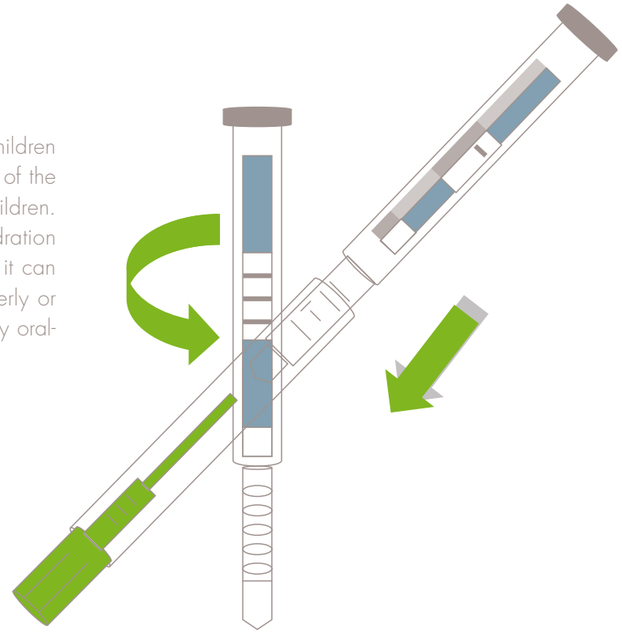
Is one of the main causes of acute gastroenteritis and diarrhea, especially in children under the age of two years. Adenoviruses have been identifed in almost 12% of the feces of children with gastroenteritis. It was reported that adenovirus is the second leading cause of the hospitalized cases of diarrhea in infant and young children. If not treated, the infection may result in severe dehydration and disorders of body electrolyte balance.

FECAL OCCULT BLOOD

Colorectal cancer is the third most common cancer in the world. The appearance of fecal occult blood is often the first, if not the only, indicator associated with colorectal cancer and polyps. Other gastrointestinal disorders such as diverticulitis, Crohn's disease, colitis ulcer, etc. may also be associated with the presence of fecal occult blood.

ROTAVIRUSES

Have been identifed in almost 40% of the feces of children with gastroenteritis. Rotavirus is the cause of up to 50% of the hospitalized cases of diarrhea in infant and young children. If not treated, the infection may result in severe dehydration and disorders of body electrolyte balance. Therefore, it can be mortal in risk populations such as children, the elderly or immunosuppressed individuals. Rotavirus is transmitted by oral-fecal contact with an incubation period of 1-3 days.



AMNISTRIP

- A novel diagnostic test for the early detection of fetal membranes rupture (PROM), a high-risk complication of pregnancy
- Premature ROM (PROM) is one of the most common causes of premature delivery and neonatal complications requiring admission to Neonatal ICU
- Risks of neonatal consequences of PROM:
  - Infection
  - Preterm delivery
  - Fetal distress
  - Prolapsed cord
  - Abruptio placenta
- Failure to identify patients with PROM can result in the failure to implement salutary obstetric measures

HUMAN CHORIONIC GONADOTROPIN (HCG)

- Human chorionic gonadotropin (hCG) is a glycoprotein hormone produced by the developing placenta shortly after fertilization.
- In normal pregnancy, hCG can be detected in urine as early as 7 to 10 days after conception.
- The appearance of hCG in the urine soon after conception, and its subsequent rapid rise in concentration during early gestational growth, make it an excellent marker for the early detection of pregnancy.

Description	Cat#	Sample type	Size	Sensitivity
Cardiac Diseases Tests				
Troponin	RAPU04A097	Serum, Plasma, Whole blood	20 tests	1 ng/mL
Drug Tests				
Nicotine/Cotinine card	RAPU08A086	Urine	20 tests	200 ng/mL
Fertility Tests				
hCG Card Pregnancy Test	RAPU01C040	Urine	10 Tests	25 mIU/mL
Amnistrip (PROM test)*	RAPB0513*	Amniotic Fluid*	10 Tests	100%
Infectious Diseases Tests				
Fecal Adenovirus Antigen Test strip	RAPEPKT918	Feces	30 Tests	98% reliability
Fecal Rotavirus Antigen Test strip	RAPEPKT917	Feces	30 Tests	97,1% reliability
Fecal Rota-Adeno Duo Antigen	RAPEPKT926	This is a two-in-one test including a rotavirus antigen test strip and an adenovirus antigen test strip that are back-to-back positioned in one test tube.		
Fecal Occult Blood	RAPEPKT313	Feces	30 Tests	50 ng h-Hb/ml fecal sample extract, which is about 1 µg h-Hb/gram stool.

*Not distributed in USA
AF=Amiotic Fluid - CP=Citrate Plasma - CSF=Cerebrospinal Fluid - EP=EDTA Plasma - F=Feces - HP=Heparin Plasma - HS=High Sensitive - IVD=In Vitro Diagnostics - ON=Over night
P=Plasma - Pl=Platelets - S=Serum - Sa=Saliva - SF=Synovial Fluid - SP=Seminal Plasma - TH=Tissue Homogenate - U=Urine - UD=Ultra-dialysates

CUSTOM DIAGNOSTIC LABORATORY SERVICES & SALES CONDITIONS

ISO 9001: 2008 AND ISO 13485: 2003 APPROVED

The scientists at DIAsource have extensive experience in the development of antibodies and related enzymatic or radioactive assays. They can help guide you through each step in the process of purifying, fragmenting, coating and labeling antibodies. High level technicians can be consulted at any time to discuss other services like filling and freeze-drying. We can offer specific and flexible suggestions to enhance the performance of your final product. All services are manufactured under strict ISO-9001 guidelines.

SERVICES AVAILABLE

Coating services

- Coating of polystyrene tubes individually capped: batch size from 30,000 up to 100,000 tubes with your antibodies according to your coating procedure
- Coating of microtiter plates in sealed aluminum bags with your antibodies according to your coating procedure: batch size from 150 up to 900 microtiter plates
- Primary coated tubes with anti-rabbit, anti-sheep or avidin-streptavidin for RIA-IRMA applications
- Primary microtiter plates with anti-rabbit, anti-sheep, or avidin-streptavidin for ELISA applications

Filling services

- From solution preparation to filling, capping and labeling.

Freeze-drying services

- Freeze-dry from 0.25ml up to 15ml in glass vials: batch size up to 27,000 vials for 5ml vials.

Tailored ^{125}I labeling

- Iodization and purification of your antigen (hapten, peptide, protein) either by gel filtration or HPLC.

Mabs fragmentation

- From the antibodies you send us we can produce F(ab')2 fragments on a large scale.

Labeling Services

- Labeling of your antibody or antigen (hapten, peptide) with several markers such as peroxidase, biotin, fluorescent tag or other labels.

Antibody Purification

- Whatever antibody you send us we can purify it by protein-A, protein-G or caprilic acid precipitation and even by affinity chromatography.

GENERAL CONDITIONS OF SALES

Article 1 – Application

Unless there is an explicit deviation agreed upon in writing, the present general terms and conditions apply to every DIAsource offer as well as every contract that is formed on the basis of such an offer or an order confirmed by DIAsource. The client waives explicitly and fully the application of its own general terms and conditions by virtue of its relationship with DIAsource. Contracts that have been concluded through the staff or representatives of DIAsource and that do not observe these general terms and conditions do not bind DIAsource.

Article 2 – Conclusion of the contract

An offer from DIAsource is only binding if it is accompanied by a period of acceptance and only if this period has not yet expired. A client's order can only be considered accepted by DIAsource after DIAsource's express written confirmation of that acceptance. As any order has its own specific characteristics and, therefore, the products ordered by one client cannot be redirected to another client, the client cannot cancel an accepted order whether in full or in part. If the client would cancel an accepted order, it will still have to pay the full price of the relevant order. DIAsource reserves the right to (i) refuse requests for customized orders, or requests for modifications of accepted orders; and/or to (ii) charge such modifications or customizations to the client at the then-prevailing actual cost, with a minimum of 25 EUR (excl. VAT). Without prejudice to the third paragraph of this article 2, an administrative fee of 25 EUR (excl. VAT) will be charged by DIAsource for any order with a value of less than 500 EUR (excl. VAT).

Article 3 – Price and related costs

Unless agreed otherwise in writing, all of DIAsource's set prices apply to packaged products that are delivered Ex Works (in the sense of Incoterms 2010) to the registered seat of DIAsource. The following, on top of the stipulated price, are to be paid by the client, unless there is any explicit written deviation from this rule:

(i) All costs of insurance, security, loading, transport, and unpacking of the products.

(ii) All taxes and levies (including VAT and customs duties) related to the delivered products or the items mentioned under (i), including the taxes and levies that are applied or adapted only after the conclusion of the contract.

(iii) All additional costs for DIAsource that have been incurred as a result of differences in the currency exchange rates that are detrimental to DIAsource. Every cost that is charged for execution of payments must always be borne by the client ultimately.

Article 4 – Payment

Unless agreed on otherwise, (i) if DIAsource sends a pro forma invoice to the client, such pro forma invoice must be paid before the confirmed shipment date and (ii) if DIAsource does not send a pro forma invoice to the client, all invoices should be paid upon receipt. The payment of a (pro forma) invoice may not be refused or postponed for any reason whatsoever. Any late payment will make all debts of the client to DIAsource immediately due upon notification to that effect by DIAsource. An interest on late payment will be charged—ex officio and without notice—on the unpaid balance of all debts of the client to DIAsource which are due and payable, and the rate of it will be equal to the interest rate calculated according to Article 5, paragraph 2 of the Act of 2 August 2002 on combating late payments in commercial transactions, increased by 3.5% per year. On top of this, a compensation of 15% of the unpaid balance will be charged to cover the administrative costs associated with late payments, and this at a minimum of EUR 100 per invoice that is paid late. All of this is without prejudice to (i) the possibility for DIAsource to prove the actual damage it suffered and to demand compensation for it, or (ii) the possibility for DIAsource to suspend the further performance of its obligations under this or any other contract with the client, or apply any other common law sanction.

Article 5 – Reservation of ownership – transfer of risk

The ownership of every sold product only passes to the client after the client has fully paid the price and related costs for this product, as well as the late interest and compensation that would be due by virtue of late payment of this price. Before full payment is made, and unless explicitly agreed otherwise in writing, the client may not alienate the product, encumber it with securities, or transform it or attach it to an immovable property in any way; in that time span, the client will conserve the product safely and have it insured; it will also conserve it in a way it can be identified individually, with a legible and visible mark on it, explicitly confirming that it is property of DIAsource. The risk of loss, destruction, or damage to the product (also if caused by force majeure) will nevertheless pass to the client as soon as the product is delivered to the client.

Article 6 – Delivery Period

Every agreed upon delivery term is only (and is to be considered) indicative. Not observing this term does not entitle the client to any remedy, unless the parties agree explicitly in writing that the delivery term is binding (in that event, not observing the delivery term can only give way to indemnification for the damage that is actual, proven, and established in such a way that both parties are able to submit observations, or to the termination of the sale, any of which can only be sought at the earliest 1 month from the date of a notice demanding delivery).

Article 7 – Hardship

If, beyond the will of DIAsource, unforeseen circumstances (e.g., strike, accidents, weather conditions, material defects, etc.) materialize in the procurement-, production-, distribution- or any other necessary type of process that make the delivery or timely delivery or the performance of any other obligation impossible (or strongly impede this), then DIAsource, depending on the nature of the circumstances, has the right to terminate the contract or suspend the performance of its obligations. DIAsource will not incur any liability if this occurs.

Article 8 – Complaints

Complaints regarding visible defects or non-conformity are only admissible if (i) the product has not been used yet, and (ii) the complaint is in writing and is sent to the commercial services department of DIAsource in Louvain-La-Neuve no later than 3 working days from the date of delivery. After that, the products will irrefutably be considered accepted.

Article 9 – Liability/Security

DIAsource will only be liable for hidden defects if the client notifies DIAsource thereof by registered letter within 7 business days after such hidden defects are discovered by the client. This term is to be considered a term unable to be suspended or reset ("délai de déchéance" / "vervaltermijn"). In that event, the client will not be entitled to claim the dissolution of the sale of the relevant product, and DIAsource will only be liable for (i) the decrease in value of the product, and, to the extent DIAsource can be held liable for it, and (ii) the additional damage suffered by the client, it being understood that the client bears the burden of proof. This indemnity (i & ii) will in any event be limited to the price paid by the client for the relevant product. The client must conform strictly with the directives regarding the good distribution practices (GDP) applicable to medical devices marked 'CE'. The client must use the products in a professional way and in accordance with the instructions of DIAsource. The client must inform DIAsource immediately of any dysfunction or any alteration of the properties and/or performances of the product he has bought from DIAsource. If the products are resold by the client to a third party outside of Belgium, the client must provide all documents and necessary instructions to that third party in the language(s) of the country of destination. DIAsource must only accept returned goods to the extent that they are the subject of a complaint which DIAsource has declared admissible and well-founded.

Article 10 – Netting in case of insolvency of the client

In case the client is declared bankrupt, or in case any other insolvency or insolvency-like procedure is initiated in respect of the client, any amounts reciprocally due by and between DIAsource and the client shall be netted automatically and by force of law on the date of the opening of the insolvency procedure, regardless of whether such amounts are already due or determined ("vaststaand"/"liquide") on the date of the opening of the insolvency procedure, and even if they are not entirely certain.

Article 11 – No assignment

The client may not assign its rights and obligations against DIAsource to any third party (through a sale, a capital contribution, a donation or any other transaction, including the sale or contribution of a division ("bedrijfstak"/"branche d'activité") or of a business as a whole ("algemeenheid/"universalité"), or a merger, spin-off, split-up or other corporate restructuring) without the prior written consent of DIAsource.

Article 12 – Applicable law and competent court

Belgian law applies to all agreements to which the present general terms and conditions apply, but with the exclusion of the application of Belgian private international law and the Convention on the International Sale of Goods of Vienna dated 11 April 1980 (except for the Convention on the Limitation Period in the International Sale of Goods of 14 June 1974, whose application remains). The courts of Walloon Brabant, Belgium are exclusively competent to hear all disputes arising out of or in connection with contracts concluded by DIAsource (including the pre-contractual disputes) to which the present general terms and conditions apply.

Article 13 – Discrepancies between language versions

The present general terms and conditions have been drafted in Dutch, English, French and Spanish. In case of discrepancies between the different language versions, the French version will prevail.

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- Automated Processor for DOT Technology "Auto-Immunity"
- ELISA Instruments

ANTIBODIES

- Bone Metabolism
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- Cardiovascular & Salt Balance
- Diabetes & Metabolism
- Fertility
- Growth Factors
- Thyroid Function

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