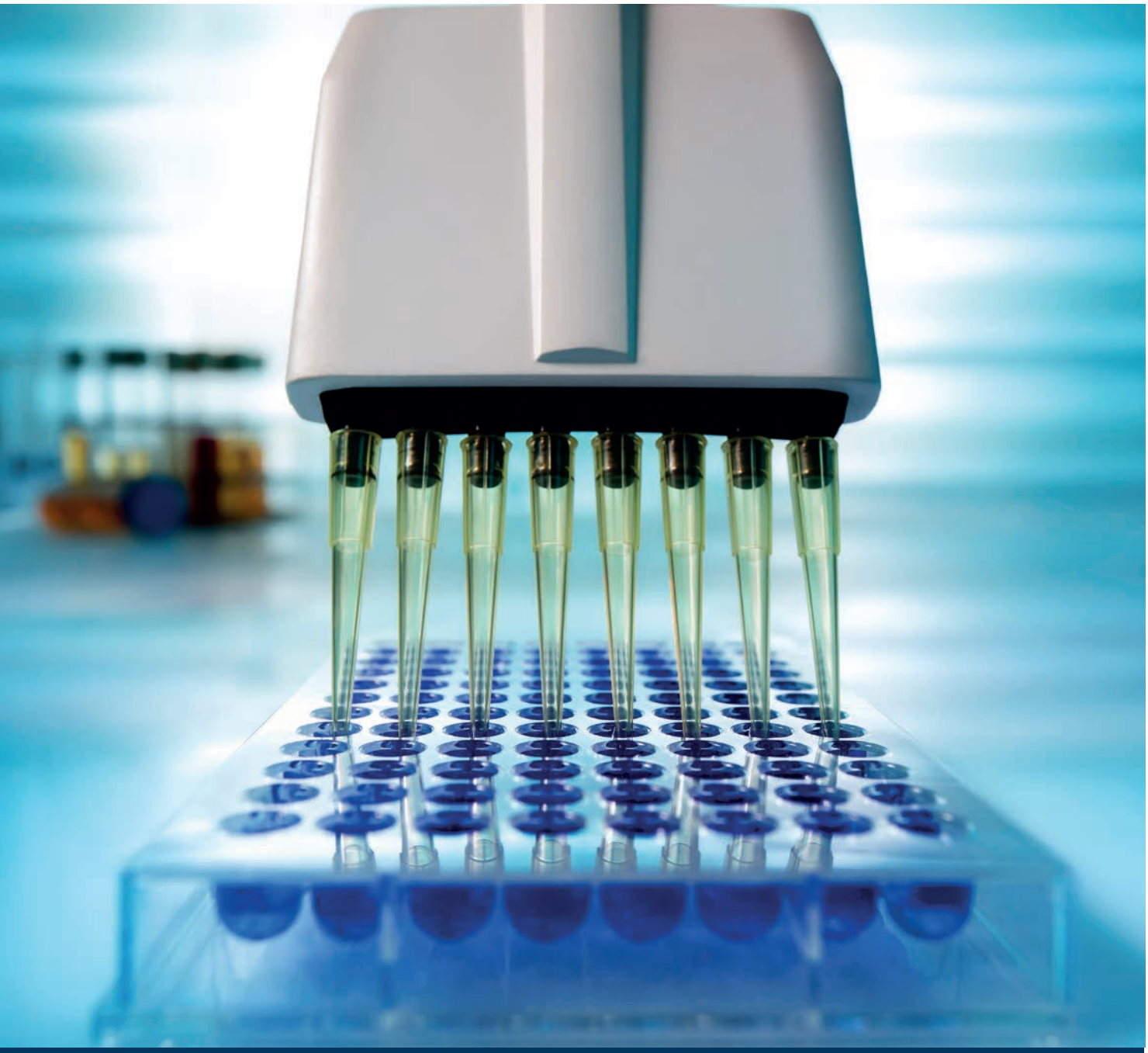
DiaSource®



ELISA & RAPID TESTS

Product Catalogue

Table of contents

Our Company

More than 30 years of experience in IVD (kits and instrumentation)

DiaSource ImmunoAssays (a BioVendor Group company), an international diagnostic company (Belgium), develops, manufactures and markets clinical diagnostic products in the field of endocrinology and infectious diseases. Core products are based on RIA and ELISA technology and also include reagents to be run on open ELISA automated analyzers as well as antibodies for use in in-vitro diagnostic assays. DiaSource has specific development and manufacturing programs for Vitamin D, Renin, Calcitonin and many others parameters. We also provide selected instrumentation: we offer ELISA reader, washer and shaker, along with open 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 remain 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 offering 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 rework and develop specific antibodies for use in our diagnostic assays. In addition 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 strengthen 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, an innovative free 25OH Vitamin D ELISA kit, together with a Rat 25OH Vitamin D ELISA kit for clinical research studies. The ELISA versions can also be applied 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 13485:2016 quality manual. Through the 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.

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Business Segment Manager ELISA, Instruments & Antibodies
DiaSource ImmunoAssays S.A.

Beatrice de Borman
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.

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Autoimmunity

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#	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
Anti-TSH Receptor AutoAntibody (TSH-R Ab)									
ELISA	KAPD4834	96 T	Serum	75	2	0,4-30 U/L	0,08 U/L	3,25	48
ELISA	KAPM3505	96T	Serum	100	1	0,1-40 IU/L	95%	3	48
ANTI-IA2									
ELISA	KAPM3506	96 T	Serum	50	1	1-400 IU/mL	79,30%	2,5	48
ANTI-GAD$_{65}$									
ELISA	KAPM3507	96 T	Serum	50	1	1-250 IU/mL	90,50%	2,5	48
Insulin AutoAntibody (IAA)									
ELISA	KAPM3806	96 T	Serum	100	2	0,1-20 U/mL	77%	1,75	48

Format	Cat#	Description	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
ANA										
DIASpot M	KAPDTANA8	ANA8 IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot M	KAPDTANA12S	ANA12 Screen IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTANA8N	ANA8 IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot M	KAPDTANA10	ANA10 IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTANA10N	ANA10 IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot N	KAPDTANA12SN	ANA12 Screen IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTANA12N	ANA12 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
DIASpot N	KAPDTANA19N	Multi Quant ANA19 IgG	24 T	Serum	10 µl	-	-	> 99% - > 99%	0,75	52
ELISA	KAPD3562	ANA-8-screen	96 T	Serum, Plasma	10 µL	1	-	96,4 - 98%	30/15/ 15/5min RT	72
ANCA										
DIASpot M	KAPDTANCAG	ANCAGBM IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTANCAGN	ANCAGBM IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot N	KAPDTANCAN	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	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
ASCA										
DIASpot N	KAPDTASCCN	ASCA IgG + IgA	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
ELISA	ScA096	EIA ASCA IgA	96 T	Serum, Plasma	20	3	5-80 U/ml	98,50%	1,25 37°C	72
ELISA	ScA096	EIA ASCA IgG	96 T	Serum, Plasma	20	3	5-80 U/ml	98,60%	1,25 37°C	72
CCP[1]										
ELISA	CCPA96	EIA CCP IgA	96 T	Serum, Plasma	10	3	10-800 U/ml	98,70%	1,5 37°C	60
ELISA	CCPG96	EIA CCP IgG	96 T	Serum, Plasma	10	3	10-800 U/ml	98,80%	1,5 37°C	60
Connectivitis										
DIASpot N	KAPDTCT10N	Connectivitis10 IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
Cytoplasm										
DIASpot N	KAPDTCY6N	Cytoplasm6 IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
dsDNA[1]										
ELISA	DNA096	EIA dsDNA	96 T	Serum, Plasma	10	3	10 - 600 U/ml	98%	1,25 37°C	52
ENA										
DIASpot M	KAPDTENA	ENA6 IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTENAN	ENA6 IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
ELISA	ENA012	EIA ENA profile	12 T	Serum, Plasma	10	3	-	97,40%	1,25 37°C	48
ELISA	ENAp12	EIA ENA profile plus	12 T	Serum, Plasma	10	3	-	95,30%	1,25 37°C	48
ELISA	ENA096	EIA ENA Screen plus	96 T	Serum, Plasma	10	3	-	96,10%	1,25 37° C	72
ELISA	SSA096	EIA SS-A	96 T	Serum, Plasma	10	3	5-320 U/ml	95,80%	1,25 37°C	72
ELISA	SSB096	EIA SS-B	96 T	Serum, Plasma	10	3	5-320 U/ml	97,90%	1,25 37°C	72
ELISA	Sm0096	EIA Sm	96 T	Serum, Plasma	10	3	5-320 U/ml	97,40%	1,25 37°C	72
ELISA	RNP096	EIA U1RNP	96 T	Serum, Plasma	10	3	5-320 U/ml	97,70%	1,25 37°C	72
ELISA	Scl096	EIA SCl-70	96 T	Serum, Plasma	10	3	5-320 U/ml	97,90%	1,25 37°C	72
ELISA	Jo1096	EIA Jo-1	96 T	Serum, Plasma	10	3	5-320 U/ml	95,50%	1,25 37°C	72
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
DIASpot M	KAPDTENDA	Celiac IgA	24 T	Serum	10 µl	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTENDAN	Celiac IgA	24 T	Serum	10 µl	-	-	> 99% - > 99%	0,75	52
DIASpot M	KAPDTENDG	Celiac IgG	24 T	Serum	10 µl	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTENDGN	Celiac IgG	24 T	Serum	10 µl	-	-	> 99% - > 99%	0,75	52

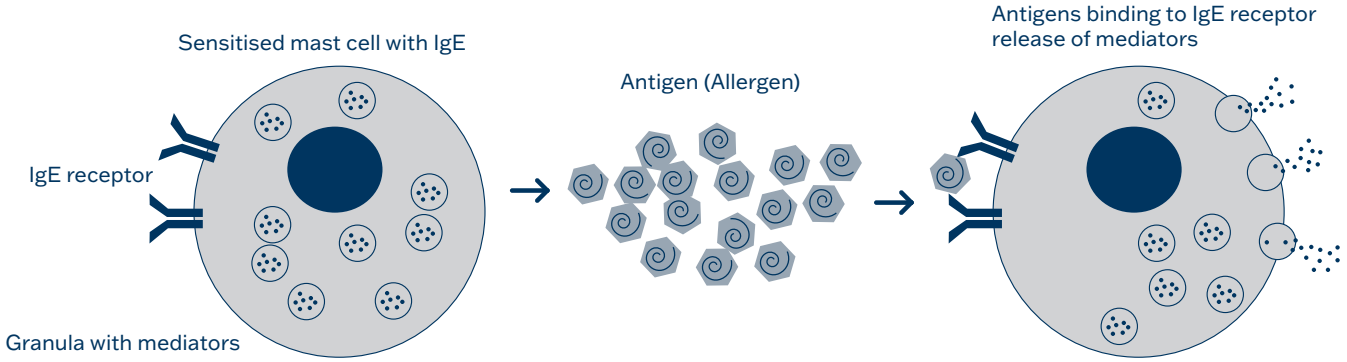
(1) Products manufactured by TestLine (company within BioVendor Group) – TestLine branded

Format	Cat#	Description	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
Gliadin[1]										
ELISA	GIA096	EIA Gliadin IgA	96 T	Serum, Plasma	10	3	5-80 U/ml	95,50%	1,25 37°C	72
ELISA	GIG096	EIA Gliadin IgG	96 T	Serum, Plasma	10	3	5-80 U/ml	95,50%	1,25 37°C	72
ELISA	GDA096	EIA Gliadin DA IgA	96 T	Serum, Plasma	10	3	5-200 U/ml	95,50%	1,25 37°C	60
ELISA	GDG096	EIA Gliadin DA IgG	96 T	Serum, Plasma	10	3	5-200 U/ml	97,70%	1,25 37°C	60
Intrinsic Factor										
DIASpot N	KAPDTIFN	Intrinsic Factor IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
Liver										
DIASpot M	KAPDTLI7	Liver7 IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTLI7N	Liver7 IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot N	KAPDTLI5N	Liver5 IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot N	KAPDTLI10N	Liver10 IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
DIASpot N	KAPDTLI10QN	Multi Quant Liver10 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
ELISA	MiA096	Milk IgA	96 T	Serum, Plasma	10	3	5 -100 U/ml	95,20%	1,25 37°C	72
ELISA	MiG096	Milk IgG	96 T	Serum, Plasma	10	3	5 -100 U/ml	95%	1,25 37°C	72
ELISA	MiM096	Milk IgM	96 T	Serum, Plasma	10	3	5 -100 U/ml	95,20%	1,25 37°C	48
Mitochondria										
DIASpot N	KAPDTMI2N	Mitochondria2 IgG + IgM	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
Polymyositis - Scleroderma										
DIASpot M	KAPDTPMS8	Polymyositis / Scleroderma8 IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	1,3	52
DIASpot N	KAPDTPMS8N	Polymyositis / Scleroderma8 IgG	24 T	Serum	10 µL	-	-	> 99% - > 99%	0,75	52
Rheumatoid Factor[1]										
ELISA	RFA096	EIA RF IgA	96 T	Serum, Plasma	10	3	5-320 U/ml	93,10%	1,5 37°C	72
ELISA	RFG096	EIA RF IgG	96 T	Serum, Plasma	10	3	5-320 U/ml	94,10%	1,5 37°C	72
ELISA	RFM096	EIA RF IgM	96 T	Serum, Plasma	10	3	5-320 U/ml	95,10%	1,5 37°C	72
Transglutaminase[1]										
ELISA	tTA096	EIA Transglutaminase IgA	96 T	Serum, Plasma	10	3	5-200 U/ml	97,70%	1,25 37°C	60
ELISA	tTG096	EIA Transglutaminase IgG	96 T	Serum, Plasma	10	3	5-200 U/ml	96,20%	1,25 37°C	60

(1) Products manufactured by TestLine (company within BioVendor Group) – TestLine branded

Biogenic Amines & Neurosciences

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.



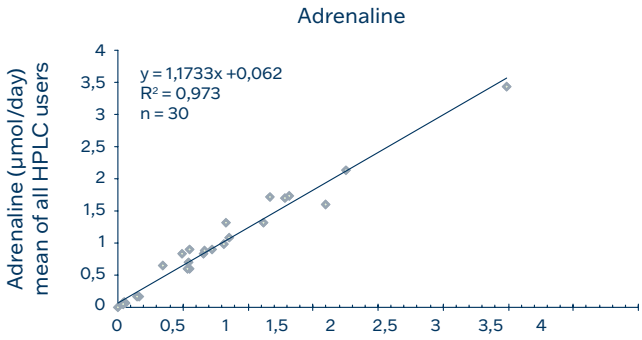
Catecholamines

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 into dopamine, into norepinephrine and finally into 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 chromaffin 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.

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
- 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#	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
2 CAT (Adrenaline and Noradrenaline)									
ELISA	KAPL10-1500	2 x 96 T	U EP	10 300	2	see Adrenaline ELISA and Noradrenaline ELISA			
3 CAT (Adrenaline, Noradrenaline and Dopamine)									
ELISA	KAPL10-1600	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	96 T	U	50	2	0,17-50 mg/L	0,17 mg/L	Samples preparation: 0,4 ELISA: 2,5	60
6-sulfatoxymelatonin**									
ELISA	EK-M6S	96 T	U	5	2	0,8-40 ng/mL	0,14 ng/mL	4	72
Caffeine***									
ELISA	CAFN-96-U	96 T	Sa-P-S-U- -Others	100	2	3-300 ng/mL	0,8 ng/mL	ON + 1,5	24
Adrenaline (Epinephrine)									
ELISA	KAPL10-0100	96 T	U EP	10 300	2	0,7-200 ng/mL 18-6667 pg/mL	0,9 ng/mL 10 pg/mL	Samples preparation: 1,25 ELISA: 3,5	60
Dopamine									
ELISA	KAPL10-0300	96 T	U EP	10 300	2	4.8-2000 ng/mL 75-33333pg/mL	2,5 ng/mL 49 pg/mL	Samples preparation: 1,25 ELISA: 3,5	60
Metanephrine									
ELISA FT (Plasma)	KAPL10-0700	96 T	HP - EP	200	2	15,1-3600 pg/mL	14,9 pg/mL	Samples preparation: 2,25 ELISA: ON or 3	60
ELISA FT (Urine)	KAPL10-0500	96 T	U	25	2	10,5-2000 ng/mL	8,6 ng/mL	Samples preparation: 0,75 ELISA: 1	60
Nephrines (Metanephrine and Normetanephrine)									
ELISA FT (Plasma)	KAPL10-1400	2 x 96 T	HP - EP	200	2	see Metanephrine ELISA FT Plasma and Normetanephrine ELISA FT Plasma			
ELISA FT (Urine)	KAPL10-1300	2 x 96 T	U	25	2	see Metanephrine ELISA FT Plasma and Normetanephrine ELISA FT Urine			
Noradrenaline (Norepinephrine)									
ELISA	KAPL10-0200	96 T	U EP	10 300	2	2,5-1000 ng/mL 93-33333 pg/mL	1,7 ng/mL 36 pg/mL	Samples preparation: 1,25 ELISA: 3,5	60
Normetanephrine									
ELISA FT (Plasma)	KAPL10-0600	96 T	HP - EP	200	2	22,8-7200 pg/mL	17,9 pg/mL	Samples preparation: 2,25 ELISA: ON or 3	60
ELISA FT (Urine)	KAPL10-0400	96 T	U	25	2	16,2-3000 ng/mL	14.7 ng/mL	Samples preparation: 0,75 ELISA: 1	60
Serotonin									
ELISA HS	KAPL10-5900R*	96 T	UD - TH	1 to 100	2	0,015-2,5 ng/mL	0,005 ng/mL	Samples preparation: 0,5 ELISA: ON + 1	60
ELISA FT	KAPL10-0900	96 T	S - U - P	25	2	10,2-2500 ng/mL	6,2 ng/mL	Samples preparation: 0,25 ELISA: 1	60

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**Not available for Australia, Canada, Germany, Japan, South Africa, Switzerlands, The Netherlands and USA
***For Research Use Only and cannot be sold in Canada, Japan, Switzerland and USA
EP=EDTA Plasma - HP=Heparin Plasma - P=Plasma - S=Serum - TH=Tissue Homogenate - U=Urine - UD=Ultradialysates

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 (Ca2+) 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 ELISA assay provides an 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

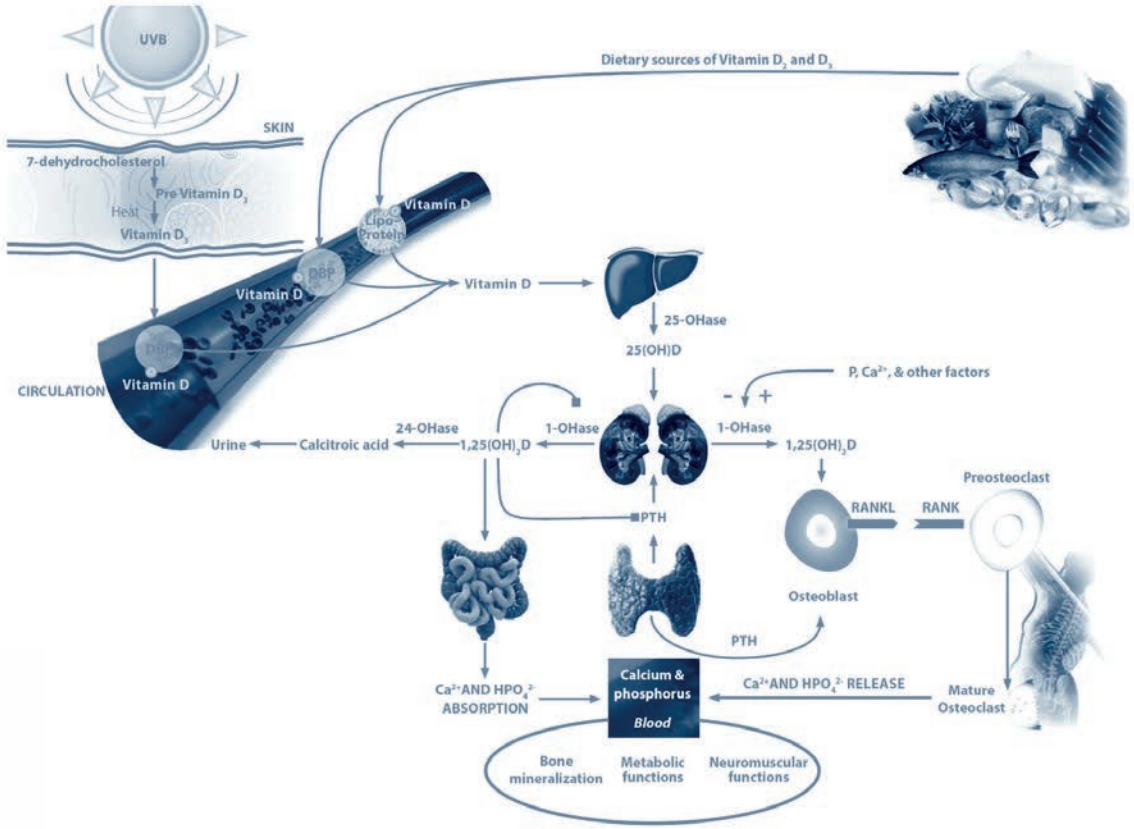
Free 25OH Vitamin D represents the tiny fraction that circulates as the free form. It is considered to be a better biomarker than 25OH Vitamin D in some conditions.

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



Format	Cat#	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
1,25(OH)$_2$ Vitamin D									
ELISA	KAP1921	96 T	S	500	2	3-180 pg/mL	0,8 pg/mL	19	144
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	96 T	S - P	25	2	3,4 - 122,8 ng/mL	3,3 ng/mL	2,75	144
ELISA	KAP1971-F1	96 T	S - P	25	2	4.9-121.3 ng/mL	2.01 ng/mL	1,5	144
Aggrecan (PG)									
ELISA	KAP1461	96 T	SF - S	50	3	10-250 ng/mL	0,9 ng/mL	3,25	60
Fetuin									
ELISA	KAPEPKT800	96 T	S	10	2	12,5-370 ng/mL	5 ng/mL	3	60
Free 25OH Vitamin D Total									
ELISA	KAPF1991	96 T	S	10	2	0,9-40,3 pg/mL	2,4 pg/mL	2,75	52
Intact Parathyroid Hormone (PTH)									
ELISA	KAP1481	96 T	S - P	200	2	38-1955 pg/mL	0.8 pg/mL	3,5	60
Osteocalcin									
ELISA	KAP1381	96 T	S	25	2	1,56-75 ng/mL	0,08 ng/mL	2,5	60

P=Plasma - S=Serum - SF=Synovial Fluid

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

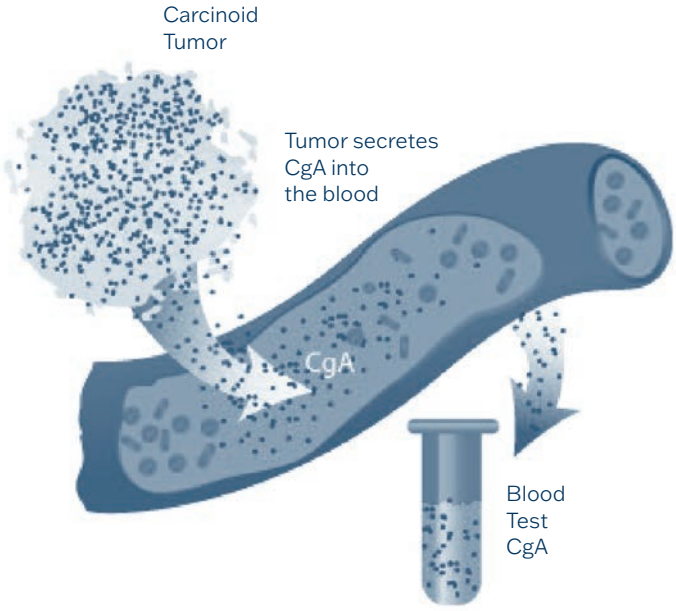
Serum tumor markers can, when used along with X-rays or other tests, aid in diagnosis of some types of cancer. They also can aid in locating the source of cancers that have metastasized.

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 a 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 15-3	Breast cancer
CA 19-9	Pancreatic cancer, Colorectal cancer
CA 125	Ovarian cancer, Endometrial cancer
CA 242	Colon, rectal and pancreatic cancers
CEA (Carcinoembryonic Antigen)	Colorectal cancer, Lung cancer, Breast cancer
CgA (Chromogranin A)	Small Cell Lung Carcinoma (SCLC), Tumors of neuroendocrine origin
CYFRA21-1	Non Small Cell Lung Cancer (NSCLC)
CT US (Calcitonin Ultra Sensitive)	Medullary Thyroid Carcinoma (MTC)
Gastrin	Gastrin producing tumors
Free β-hCG (Free β-Human Chorionic Gonadotropin)	Throphoblastic cancer, Testicular cancer
NSE (Neuron Specific Enolase)	Medullary Thyroid Carcinoma (MTC), Pancreatic islet cell cancer, Small Cell Lung Cancer (SCLC)
PSA (Prostate-Specific Antigen)	Prostate cancer
Tg-S (Thyroglobuline)	Small Cell Lung Cancer (SCLC), Thyroid cancer

Format	Cat#	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
Alpha-Fetoprotein (AFP)									
ELISA	KAPD1468	96 T	S	25	0	10-160 IU/mL	1,78 IU/mL	0,7	60
ELISA	600-10*	96 T	S	25	2	0,5 - 500 µg/L	< 0,5 µg/L	1,5	72
Calcitonin Ultra Sensitive (CT US)									
ELISA	KAP0421	96 T	S	100	2	10-400 pg/mL	0,7 pg/mL	18,5	60
CA15-3*									
ELISA	200-10	96 T	S	25	2	1 -250 U/ml	< 0,1 U/mL	2,5	72
CA19-9*									
ELISA	120-10	96 T	S	25	2	1 -240 U/ml	< 0,1 U/mL	3,5	72
CA125*									
ELISA	400-10	96 T	S	25	2	1,5-500 U/mL	< 1,5 U/mL	3,5	72
CA242*									
ELISA	101-10	96 T	S	25	2	1-150 U/mL	< 1 U/mL	2,5	72
CEA*									
ELISA	401-10	96 T	S	25	2	0,25-75 µg/L	< 0,25 µg/L	1,5	72
Chromogranin A (CgA)									
ELISA	KAPEPKT812	96 T	S	25	2	31-830 ng/mL	5 ng/mL	3,5	60
ELISA	CGA	96 T	S - P	50	2	36-1800 ng/ml	2,28 ng/ml	1,45	64
CYFRA 21-1*									
ELISA	211-10	96 T	S	50	2	0,5-50 ng/mL	0,12 ng/mL	1,5	72
HE4*									
ELISA	404-10	96 T	S	25	2	15-900 pM	< 15 pM	2,5	72
NSE*									
ELISA	420-10	96 T	S	25	0 (Controls available separately #108-20W)	1-150 µg/L	< 1 µg/L	1,5	72
ProGRP*									
ELISA	220-10	96 T	S	50	2	0-2000 ng/L	< 10 ng/L	2,5	72
PSA*									
ELISA	340-10	96 T	S	25	2	0,1-60 µg/L	< 0,1 µg/L	1,5	72
PSA Free*									
ELISA	350-10	96 T	S	50	2	0,03-10 µg/L	< 0,03 µg/L	1,5	72
S100*									
ELISA	708-10	96 T	S	50	0 (Controls available separately #108-20W)	10-3500 ng/L	< 10 ng/L	3,5	72
SCC*									
ELISA	800-10	96 T	S	25	0 (Controls available separately #108-20W)	0,3-50 µg/L	< 0,3 µg/L	1,5	72

*This kit is not available for sales in every country. For more information contact our sales team.
P=Plasma - S=Serum

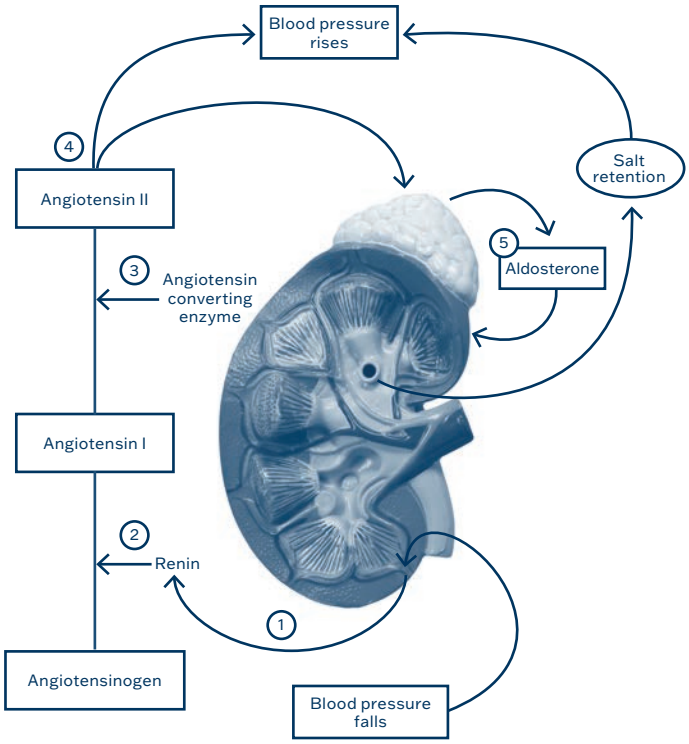
Cardiovascular & Salt Balance

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 (anti-diuretic hormone, ADH) from the pituitary which acts upon the kidneys to increase fluid retention.



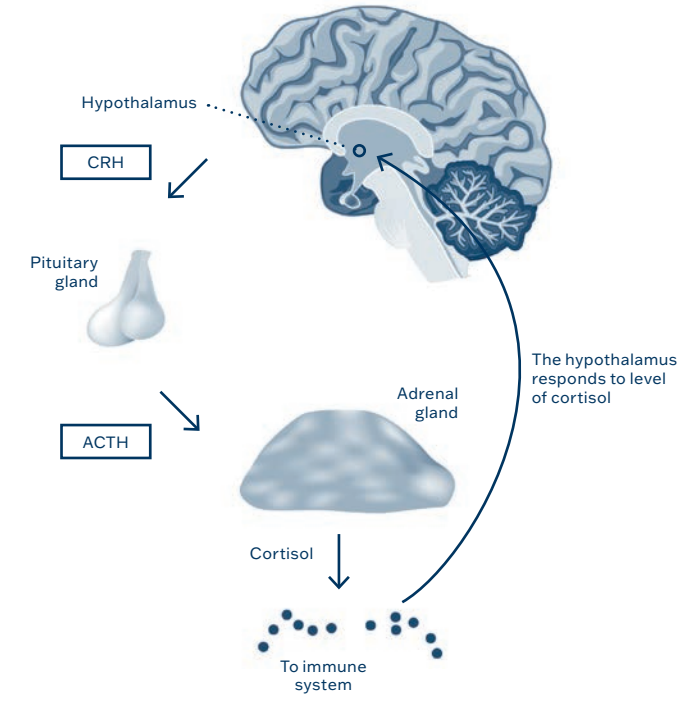
Cortisol

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#	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
Aldosterone									
ELISA	KAPDB450	96 T	S - P - U	50	2	15-1000 pg/mL	9,1 pg/mL	1,25	48
Cortisol									
ELISA	KAPDB270	96 T	S	20	2	0,5-60 µg/dL	0,4 µg/dL	1	48
ELISA	KAPDB290	96 T	Sa	50	2	1-100 ng/mL	1 ng/mL	1	48
HS CRP									
ELISA	KAPDB4360	96 T	S	20	2	100-10000 ng/mL	10 ng/mL	1	48
Renin Direct									
ELISA	KAPD5125	96 T	S-EP	50	2	0,8-128 pg/mL	0,8 pg/mL	2 x 90 min	60
Renin Plasma Activity									
ELISA	KAPDB4600	192 T	P	500	2	0,2-60 ng/mL	0,14 ng/mL	1,5 + 1,75	48

EP=EDTA Plasma - P=Plasma - S=Serum - Sa=Saliva - U=Urine

Diabetes & Metabolism

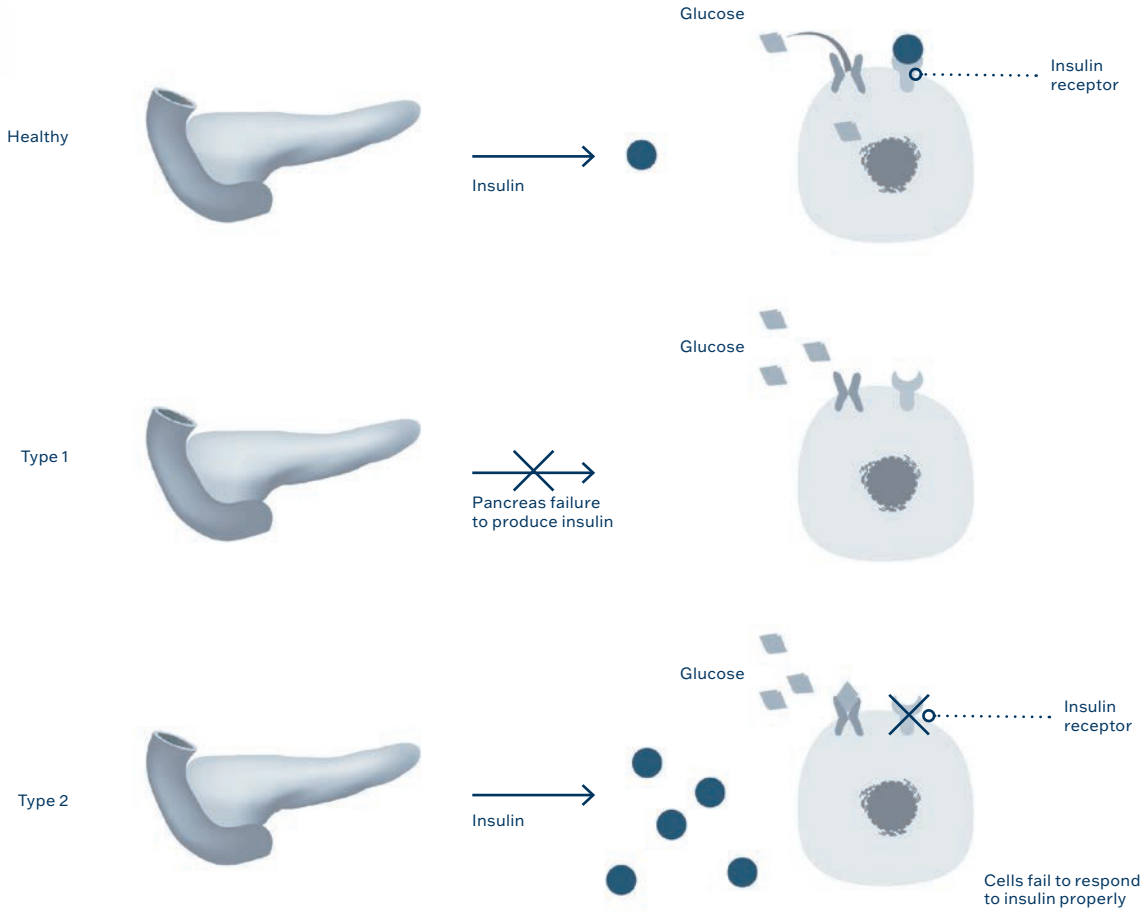
Diabetes mellitus
Is a disorder of carbohydrate metabolism. It is a disease characterized by persistent hyper-glycemia (high blood sugar levels). It is a metabolic disease that requires medical diagnosis, treatment and lifestyle changes.

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.

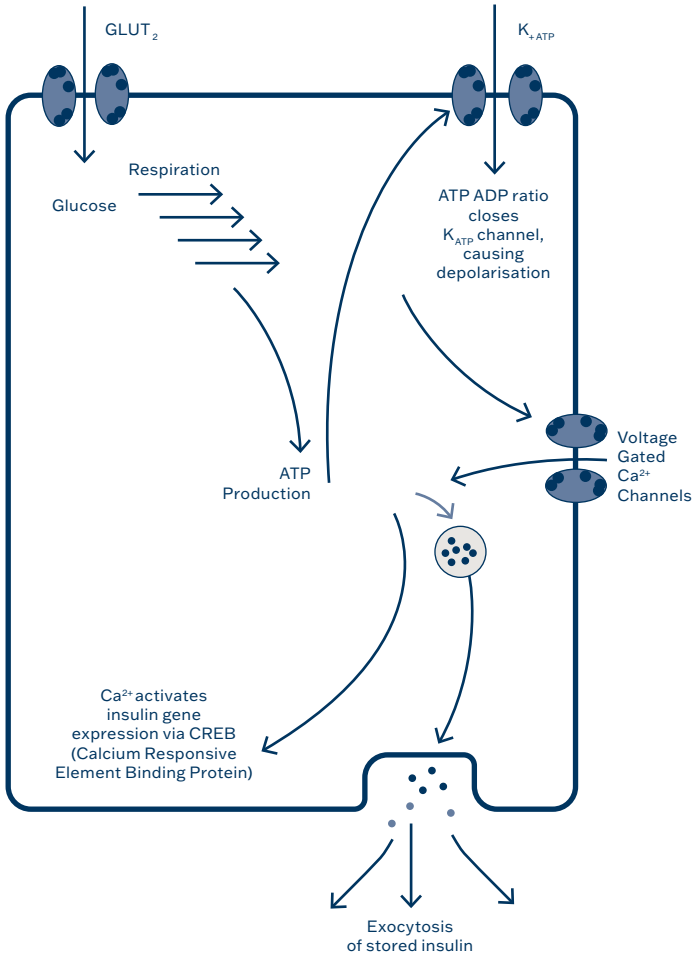
Since insulin is the principal hormone that regulates uptake of glucose into most cells from the blood (primarily muscle and fat cells, but not central nervous system cells), deficiency of insulin or the insensitivity of its receptors plays a central role in all forms of diabetes mellitus. Diabetes is 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#	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
Adiponectin									
ELISA	KAPME09	96 T	S - P	10	2	2-100 ng/mL	< 0,27 ng/mL	1,75	60
ANTI-GAD$_{65}$									
ELISA	KAPM3507	96 T	S	50	1	1-250 IU/mL	90,50%	2,5	48
ANTI-IA2									
ELISA	KAPM3506	96 T	Serum	50	1	1-400 IU/mL	79,30%	2,5	48
Insulin (INS)									
ELISA	KAP1251	96 T	S	50	2	5-250 µIU/mL	0,17 µIU/mL	0,75	60
Insulin AutoAntibody (IAA)									
ELISA	KAPM3806	96 T	S	100	2	0,1-20 U/mL	77%	1,75	48
Leptin									
ELISA	KAPD2395	96 T	EP	200	2	4-270 pg/mL	0,8 pg/mL	2,5	48
ELISA (Ms/Rat)	KAPME06*	96 T	S - P	10	1	25-1600 pg/mL	10 pg/mL	3	60
ProInsulin									
ELISA	E-BX-96	96 T	S - P	100	2	2,5-100 pmol/L	0,6 pmol/L	1,75	60
Resistin									
ELISA	KAPME50	96 T	S - P	10	2	20-1000 pg/mL	12 pg/mL	4	60

*For Research Use Only
EP=EDTA Plasma - P=Plasma - S=Serum

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

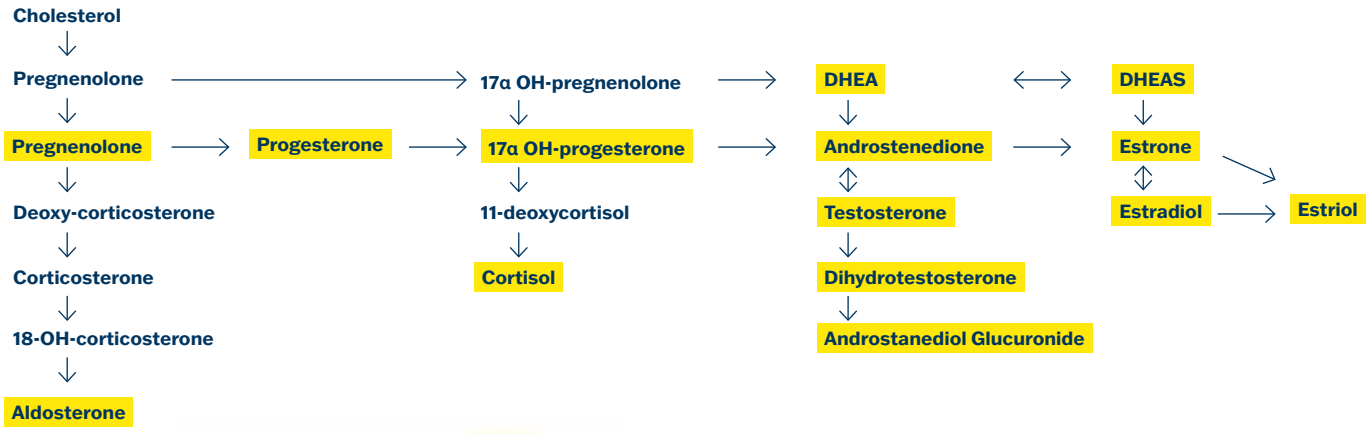
Anandrogenic steroid produced by the testes, adrenal cortex, and ovaries. While androstenediones are converted metabolically to testosterone and other androgens, they are also the parent structure of estrone.

Androstenediol and 3α-Diol Glucuronide

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

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.



Assays available at DiaSource

Format	Cat#	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
3α-Diol Glucuronide									
ELISA	KAPDB460	96 T	S	50	2	0,25-50 ng/mL	0,1 ng/mL	0,75	48
Androstenedione									
ELISA	KAPD3265	96 T	S - EP	20	2	0,1-10 ng/mL	0,021 ng/mL	1,5	60
Chorionic Gonadotropin (hCG)									
ELISA	KAPD1469	96 T	S - P	25	0	5-1000 mIU/mL	< 5 mIU/mL	0,6	48
Dehydroepiandrosterone (DHEA)									
ELISA	KAPDB490	96 T	S	25	2	0,2-40 ng/mL	0,15 ng/mL	1,25	60
Dehydroepiandrosterone - Sulfate (DHEA-S)									
ELISA	KAPD1562	96 T	S - P	25	0	0,1-10 µg/mL	0,044 µg/mL	1,25	60
Estradiol, 17β (E2)									
ELISA	EIA2693	96 T	S - P	25	2	10,6-2000 pg/mL	10,6 pg/mL	2	48
Estriol Free (E3)									
ELISA	KAPD1612	96 T	S	10	2	0,3-40 ng/mL	0,075 ng/mL	1,5	60
Estrone (E1)									
ELISA	KAPDB420	96 T	S	50	2	20-2000 pg/mL	5,6 pg/mL	1,25	60
Follicle Stimulating Hormone (FSH)									
ELISA	KAPD1288	96 T	S	25	0	5-100 mIU/mL	0,86 mIU/mL	0,6	48
Free β Chorionic Gonadotropin (βhCG, Free)									
ELISA	EIA4718	96 T	S - EP	50	0	10-200 ng/mL	0,2 ng/mL	1,3	48
Human Placental Lactogen (hPL)									
ELISA	KAPD1283	96 T	S	10	2	1,25-20 mg/L	0,043 mg/L	0,6	48
Luteinizing Hormone (LH)									
ELISA	KAPD1289	96 T	S	25	0	10-200 mIU/mL	1,27 mIU/mL	0,6	48
Progesterone (PROG)									
ELISA	KAPD1561	96 T	S - P	25	0	0,3-40 ng/mL	0,045 ng/mL	1,25	60
17α-Hydroxyprogesterone (17α-OH-PROG)									
ELISA	KAP1401	96 T	S - EP - HP	25	2	0,09-15,6 ng/mL	0,03 ng/mL	1,5	96
ELISA	KAPD1292	96 T	S - P	25	2	0,15-20 ng/mL	0,034 ng/mL	1,5	48
Prolactin (PRL)									
ELISA	KAPD1291	96 T	S	25	0	5-200 ng/mL	0,35 ng/mL	0,6	48
Sex Hormone Binding Globulin (SHBG)									
ELISA	KAPD2996	96 T	S - P	10	2	4-260 nmol/L	0,23 nmol/L	2,5	60
Sperm-Antibody									
ELISA	KAPD1826	96 T	S	5	1	31-250 U/mL	-	2,5	48
Testosterone									
ELISA	KAPD1559	96 T	S - P	25	0	0,2-16 ng/mL	0,083 ng/mL	1,25	60
Testosterone, 5 α Dihydro (DHT)									
ELISA	KAPDB280	96 T	S	25	2	25-2500 pg/mL	9,4 pg/mL	2	60
Testosterone, Free									
ELISA	KAPDB260	96 T	S	25	2	0,1-60 pg/mL	0,018 pg/mL	1,25	60

EP=EDTA Plasma - HP=Heparin Plasma - P=Plasma - S=Serum

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.

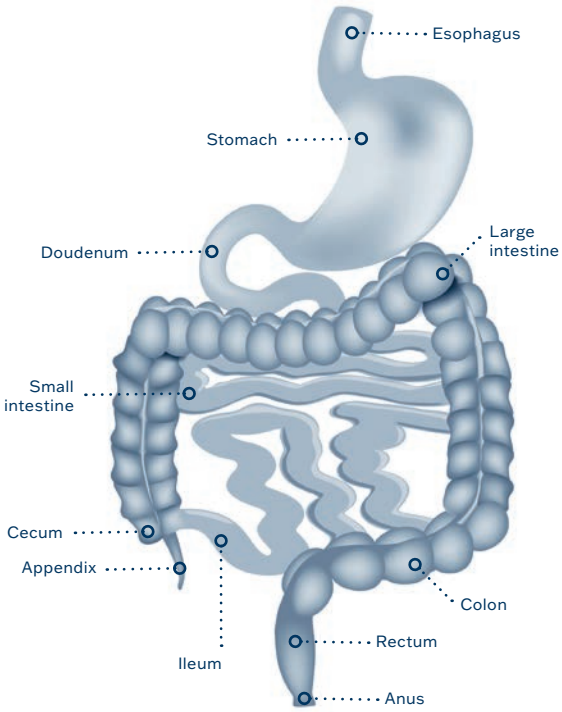
Helicobacter pylori

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.

Humain gastrointestinal tract



Format	Cat#	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
Calprotectin									
ELISA	KAPEPKT849	96 T	F	50	3	25-321 µg/g	2,5 ng/mL	2	60
ELISA	KAPEPKT843	50 T	Fecal Calprotectin Collection Kit						
Helicobacter pylori[1]									
Helicobacter pylori IgA	HMA096	96 T	S - P	10	QUANTI	-	-	1,25	60
Helicobacter pylori IgM	HMM096	96 T	S - P	10	QUALI	-	-	1,25	60
Helicobacter pylori IgG	HMG096	96 T	S - P	10	QUANTI	-	-	1,25	60
Pepsinogen I									
ELISA	KAPEPKT810	96 T	S	25	2	3-300 ng/mL	0,5 ng/mL	1,25	60
Pepsinogen II									
ELISA	KAPEPKT811	96 T	S	50	2	6,3-100 ng/mL	0,5 ng/mL	2,25	60

F=Feces - P=Plasma - S=Serum
(1) Products manufactured by TestLine (company within BioVendor group) – TestLine branded

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.

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.

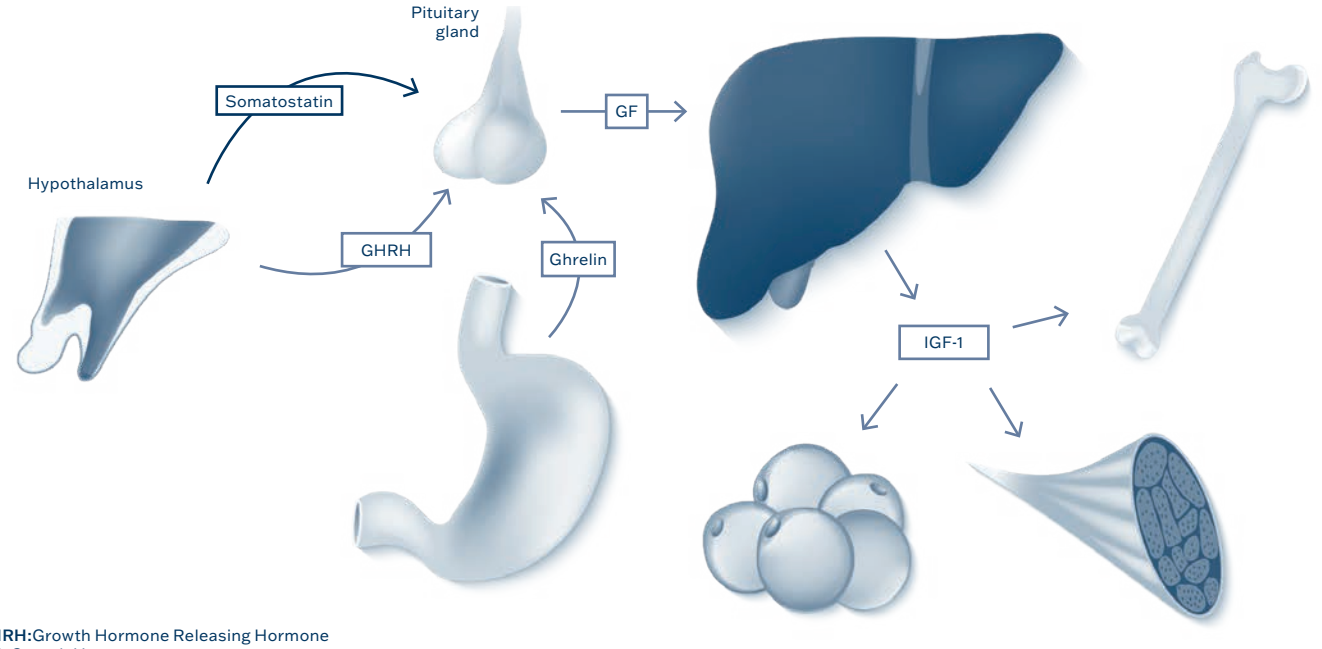
The IGFBP family has six distinct subgroups, IGFBP-1 through 6, based on conservation of gene (intron-exon) organization, structural similarity, and binding affinity for IGFs.

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



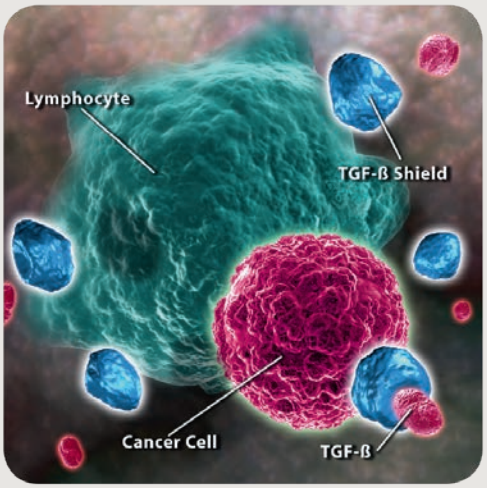
GHRH: Growth Hormone Releasing Hormone
GH: Growth Hormone
IGF-1: Insulin-like Growth Factor

Format	Cat#	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
Acid Labil Subunit (ALS)*									
ELISA	KAPME35	96 T	S - P	10	2	7,5-200 ng/mL	0,53 ng/mL	3	48
Human Growth Hormone (hGH)									
ELISA	KAP1081	96 T	S - P	50	2	0,45-98 µIU/mL	0,17 µIU/mL	1	144
Insulin Growth Factor Binding Protein-1 (IGFBP-1)									
ELISA	KAPME01	96 T	S - P - AF	20	2	0,1-8 ng/mL	0,055 ng/mL	1,75	60
Insulin Growth Factor Binding Protein-2 (IGFBP-2)									
ELISA	KAPME05	96 T	S - EP	10	2	2-80 ng/mL	0,2 ng/mL	1,75	60
ELISA (Mouse)	KAPME08*	96 T	S	10	1	0,125-8 ng/mL	0,04 ng/mL	3	60
Insulin Growth Factor Binding Protein-3 (IGFBP-3)									
ELISA	KAP1171	96 T	S	10	2	460-16070 ng/mL	10 ng/mL	2,5	60

*For Research Use Only
AF= Amiotic Fluid - EP=EDTA Plasma - P=Plasma - S=Serum

Inflammation 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:

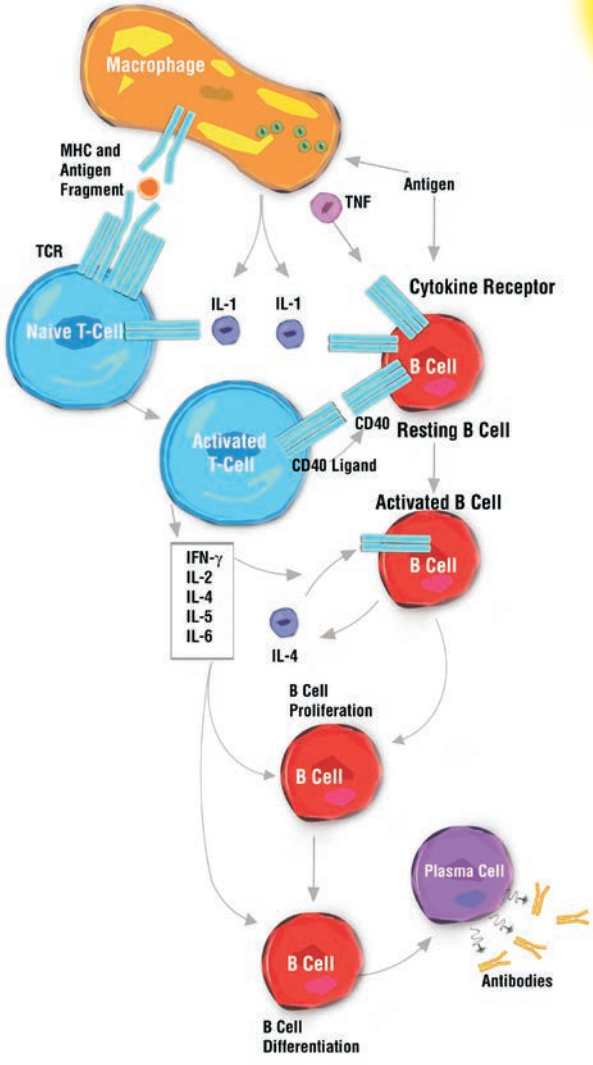
- Immunoglobulin (Ig) superfamily Cell Adhesion Molecules(CAMs)
- Integrins
- Cadherins
- Selectins

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 cirrhosis, 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#	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
IFN-γ (Interferon-gamma)									
ELISA	KAP1231	96 T	S - P	50	2	1-30 IU/mL	0,03 IU/mL	2,25	60
IL-1 β (Interleukine-1 beta)									
ELISA	KAP1211	96 T	S - P	200	2	24-1166 pg/mL	0,35 pg/mL	2,25	120
IL-6 (Interleukine-6)									
ELISA	KAP1261	96 T	S	100	2	23-2560 pg/mL	2 pg/mL	2,25	144
IL-8 (Interleukine-8)									
ELISA	KAP1301	96 T	EP	100	2	40-1845 pg/mL	1,1 pg/mL	2,25	72
IL-10 (Interleukine-10)									
ELISA	KAP1321	96 T	S	100	2	21-1976 pg/mL	1,6 pg/mL	4,25	72
TNF-α (Tumor Necrosing Factor-alpha)									
ELISA	KAP1751	96 T	S	200	2	7-518 pg/mL	0,7 pg/mL	4,25	60

*For Research Use Only
AF=Amiotic Fluid - EP=EDTA Plasma - P=Plasma - S=Serum

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.

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

Gastrointestinal Panel
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 Panel
Tropical diseases are infectious diseases that are prevalent in or unique to tropical and subtropical regions.
- Dengue Fever
- 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
- Hepatitis D
- Hepatitis E

Description	Cat#	Size	Sample type	Sample size (µL)	Quali/Quanti	Incubation (hours)	Max shelf life (weeks)
Borrelia Panel[1]							
Borrelia recombinant IgG	BrG192	192 T	S, P, CSF, SF	10 (110 for CSF)	Quanti	1,15	60
Borrelia recombinant IgM	BrM192	192 T	S, P, CSF, SF	10 (110 for CSF)	Quanti	1,15	60
COVID Panel[1]							
EIA COVID-19 NP IgA	CoNA96	96 T	S - P	10	Semi-Quanti	1,5	60
EIA COVID-19 NP IgM	CoNM96	96 T	S - P	10	Semi-Quanti	1,5	60
EIA COVID-19 NP IgG	CoNG96	96 T	S - P	10	Quanti	1,5	60
EIA COVID-19 RBD IgM	CoRM96	96 T	S - P	10	Semi-Quanti	1,5	60
EIA COVID-19 RBD IgG	CoRG96	96 T	S - P	10	Semi-Quanti	1,5	60
EBV Panel[1]							
Epstein Barr Virus VCA IgG (EBV VCA IgG)	VCG096	96 T	S, P, CSF	10	QUANTI	1,5	60
Epstein Barr Virus VCA IgM (EBV VCA IgM)	VCM096	96 T	S, P, CSF	10	QUANTI	1,5	60
Epstein Barr Virus VCA IgA (EBV VCA IgA)	VCA096	96 T	S, P, CSF	10	QUALI	1,5	60
Epstein Barr Virus EBNA IgM (EBV EBNA IgM)	EBM096	96 T	S - P	10	QUALI	1,5	60
Epstein Barr Virus EBNA IgG (EBV EBNA IgG)	EBG096	96 T	S - P	10	QUANTI	1,5	60
Epstein Barr Virus Early IgM (EBV Early IgM)	EAM096	96 T	S, P, CSF	10	QUANTI	1,5	60
Epstein Barr Virus Early IgG (EBV Early IgG)	EAG096	96 T	S - P	10	QUALI	1,5	60
Hepatitis Panel*							
Hepatitis A: IgG (anti-HAV)	KAPG4AGE3	96 T	S - P	10	QUALI	1,5	60
Hepatitis A: IgM (anti-HAV)	KAPG4AME3	96 T	S - P	5	QUALI	2,5	60
Hepatitis B: HBsAg Screening	KAPG4SGE3	96 T	S - P	50	QUALI	2	60
Hepatitis B: HBsAg Screening	KAPG4SGE11	480 T	S - P	50	QUALI	2	60
Hepatitis B: Anti-HBsAg	KAPG4SBE3	96 T	S - P	50	QUALI	1,5	60
Hepatitis B: HBeAg / Anti-HBe	KAPG4BNE3	96 T	S - P	100/50	QUALI	2,5	60
Hepatitis B: Anti-HBc Total	KAPG4CBE3	96 T	S - P	50	QUALI	1,5	60
Hepatitis B: Anti-HBc IgM	KAPG4CME3	96 T	S - P	5	QUALI	2,5	60
Hepatitis C: Anti-HCV (4th Generation)	KAPG4NAE3	96 T	S - P	100	QUALI	1,75	60
Hepatitis C: Anti-HCV (4th Generation)	KAPG4NAE12	480 T	S - P	100	QUALI	1,75	60
Hepatitis D: HDV Ab	KAPDDAB	96 T	S - P	100	QUALI	2	48
Hepatitis D: HDV IgM	KAPDDIM	96 T	S - P	100	QUALI	2	48
Hepatitis D: HDV Ag	KAPDDAG	96 T	S - P	100	QUALI	3	48
Hepatitis E: HEV Ab ULTRA	KAPDEVABULTRA	96 T	S - P	100	QUALI	1,5	48
Hepatitis E: HEV IgG	KAPDEBG	96 T	S - P	10	QUALI	1,5	48
Hepatitis E: HEV IgM	KAPDEVM	96 T	S - P	10	QUALI	2	48
HIV Panel							
HIV Ab/Ag Combo ELISA	KAPDHIV96	96 T	S - P	150	QUALI	2,5	60
HIV Ab/Ag Combo ELISA	KAPDHIV192	192 T	S - P	150	QUALI	2,5	60
HIV Ab/Ag Combo ELISA	KAPDHIV480	480 T	S - P	150	QUALI	2,5	60

(1) Products manufactured by TestLine (company within BioVendor Group) – TestLine branded
*Not available in Argentina, Ecuador, Iran, Turkey
CSF=Cerebrospinal Fluid - P=Plasma - S=Serum - SF=Synovial Fluid

Description	Cat#	Size	Sample type	Sample size (µL)	Quali/Quanti	Incubation (hours)	Max shelf life (weeks)
Parvovirus Panel[1]							
EIA Parvovirus B19 IgG	PVG096	96 T	S-P	10	Semi-Quanti	2	60
EIA Parvovirus B19 IgM	PVM096	96 T	S-P	10	Semi-Quanti	2	60
Pediatric Panel[1]							
Measles IgG	MeG096	96 T	S - P	10	QUALI	1,5	48
Measles IgM	MeM096	96 T	S - P	10	QUALI	1,5	48
Mumps IgG	MuG096	96 T	S - P	10	QUALI	1,5	48
Mumps IgM	MuM096	96 T	S - P	10	QUALI	1,5	48
Varicella zoster IgG	VZVG96	96 T	S, P, CSF	10	QUANTI	1,5	60
Varicella zoster IgM	VZVM96	96 T	S, P, CSF	10	QUALI	1,5	60
Varicelle zoster IgA	VZVA96	96 T	S, P, CSF	10	QUALI	1,5	60
Respiratory Panel[1]							
C.pneumonia IgG	ChpG96	96 T	S - P	10	QUANTI	1,5	60
C.pneumonia IgM	ChpM96	96 T	S - P	10	QUALI	1,5	60
C.pneumonia IgA	ChpA96	96 T	S - P	10	QUANTI	1,5	60
Mycoplasma IgG	MyG096	96 T	S - P	10	QUANTI	1,5	60
Mycoplasma IgM	MyM096	96 T	S - P	10	QUANTI	1,5	60
Mycoplasma IgA	MyA096	96 T	S - P	10	QUANTI	1,5	60
Syphillis IgG	TpG096	96 T	S - P	10	QUALI	1,5	60
Syphillis IgM	TpM096	96 T	S - P	10	QUALI	1,5	60
Syphilis Screen	Tp0096	96 T	S - P	50	QUALI	1	60
Chlamydia trachomatis IgG	ChtG96	96 T	S - P	10	QUALI	1,5	60
Chlamydia trachomatis IgM	ChtM96	96 T	S - P	10	QUALI	1,5	60
Chlamydia trachomatis IgA	ChtA96	96 T	S - P	10	QUALI	1,5	60
TORCH Panel[1]							
CMV IgG	CMG096	96 T	S - P	10	QUANTI	1,15	60
CMV IgM	CMM096	96 T	S - P	10	QUALI	1,15	60
CMV IgA	CMA096	96 T	S - P	50	QUALI	1,15	60
EIA HSV 1 IgG	HS1G96	96 T	S - P	10	SEMI-QUANTI	1,5	60
EIA HSV 1 IgM	HS1M96	96 T	S - P	10	SEMI-QUANTI	1,5	60
EIA HSV 2 IgG	HS2G96	96 T	S - P	10	SEMI-QUANTI	1,5	60
EIA HSV 2 IgM	HS2M96	96 T	S - P	10	SEMI-QUANTI	1,5	60
HSV Screening IgM	HSVM96	96 T	S - P	10	QUALI	1,5	60
HSV Screening IgG	HSVG96	96 T	S - P	50	QUALI	1,5	60
Rubella IgG	RubG96	96 T	S - P	10	QUANTI	1,5	60
Rubella IgM	RubM96	96 T	S - P	10	QUALI	1,5	60
Toxo IgG	TgG096	96 T	S - P	10	QUANTI	2,15	60
Toxo IgM	TgM096	96 T	S - P	10	QUALI	2,15	60
Toxo IgA	TgA096	96 T	S - P	10	QUALI	2,15	60
Tropical Disease Panel							
Dengue Fever IgG	KAPDDENG	96 T	S - P	10	QUALI	1h - 1h - 20m	60
Dengue Fever IgM	KAPDDENM	96 T	S - P	10	QUALI	1h - 1h - 20m	60
Malaria Screen	KAPDMA	96 T	S - P	150	QUALI	2,5	60

(1) Products manufactured by TestLine (company within BioVendor Group) – TestLine branded
S=Serum - P= Plasma - CSF=Cerebrospinal fluid

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.

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.

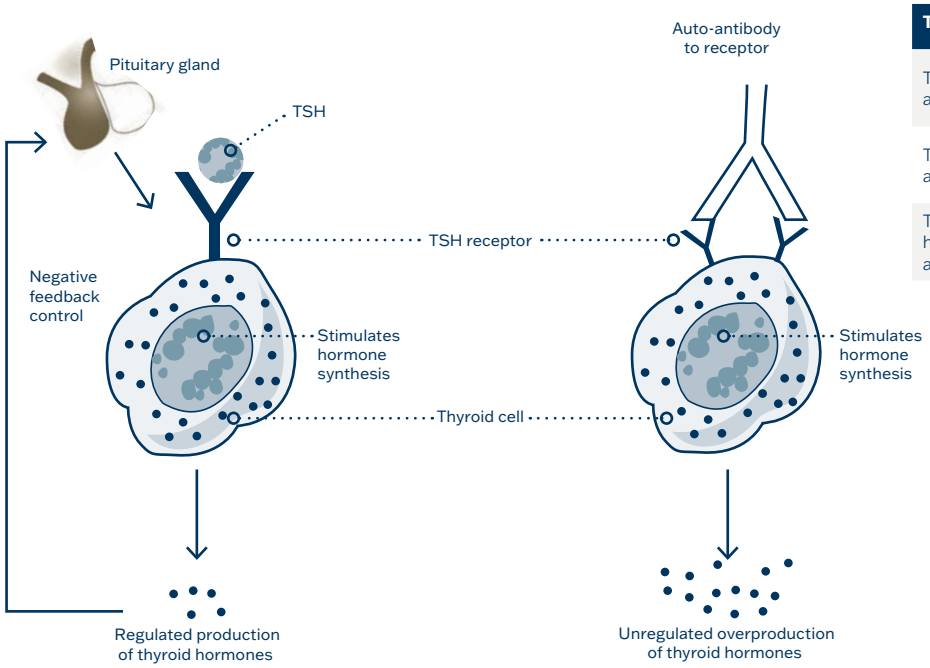
This rise in TSH represents the pituitary gland‘s response to a drop in circulating thyroid hormone; it is usually the first indication of thyroid gland failure. Since TSH is normally low when the thyroid gland is functioning properly, the failure of TSH to rise when circulating thyroid hormones are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

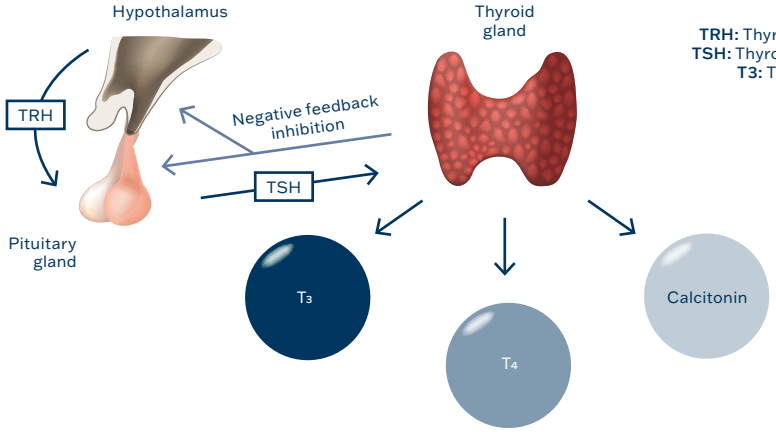
A condition known as Hashimoto’s Thyroiditis is associated with a high level of these thyroid antibodies in the blood. Whether the antibodies cause the disease or whether the disease causes the antibodies is not known; however, the finding of a high level of thyroid antibodies is strong evidence of this 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
T3: Triidothyronine hormone
T4: Thyroxine hormone

Format	Cat#	Size	Sample type	Sample size (µL)	Control Levels	Range	Sensitivity	Incubation (hours)	Max shelf life (weeks)
Anti-TSH Receptor AutoAntibody (TSH-R Ab)									
ELISA	KAPD4834	96 T	S	75	2	0,4-30 U/L	0,08 U/L	3,25	48
L-Thyroxine (T4)									
ELISA	KAPDB4240	96 T	S	20	2	1-32 µg/dL	0,6 µg/dL	0,75	60
Free L-Thyroxine (FT4)									
ELISA	KAPDB4340	96 T	S	25	2	2-80 pg/mL	1 pg/mL	1,25	48
Free Triiodo-Thyronine (FT3)									
ELISA	KAPDB4230	96 T	S	25	2	1-40 pg/mL	0,3 pg/mL	1,25	48
Thyroid Stimulating Hormone (TSH)									
ELISA	KAPDB4080	96 T	S	50	2	0,2-30 µIU/mL	0,1 µIU/mL	1,75	60

S=Serum

Instruments

ELISA READER
CAT#: DIA2000

ELISA WASHER
CAT#: DIA3000

ELISA SHAKER
CAT#: DIA4000

STRATEC GEMINI
CAT#: GEM10041566

NEPTUNE
CAT# : DIA1000

MICROBLOT-ARRAY READER
CAT#: MBARCX

DS2® 2-Plate ELISA*
CAT#: DS262010

DSX® 4-Plate ELISA*
CAT#: DSX65400

Agility®*
CAT#: DSA67000

*Instruments not for distribution/sales in Russia.

SmartKits® for Dynex Agility®

New generation of automation with the highest quality ELISA's

The SmartKits® include four main components: the consumable bottles of any given reagent kit, a 2D barcode with lot-specific assay information, an insert for holding reagent bottles and a cap holder for reagent bottle caps.

Once caps are removed and stored in the cap holder, the SmartKit® is placed directly into the Dynex Agility® for testing.

Direct-load solution to front-end preparation that reduces technician time and potential for costly data entry errors, while improving ease-of-use, safety, hands on time and performance.

Advantages:

- Disposable, single-use inserts require no assembly
- Reagents arrive packaged in the insert with 2D barcodes already affixed
- User only takes the insert from the package, removes and places the reagent bottle cap in the cap holder, and loads the kit into the Agility®

Entire range of human ELISA available

Human INFECTIOUS DISEASES: Bacterial, Viral and Parasitic

Human Autoimmunity: Systemic autoimmunity, Intestinal autoimmunity, Rheumatology, Thyroid gland diseases

PS: SmartKits® are only intended to be used on Dynex Agility and cannot be used on any other ELISA analyzer. Each SmartKits® contains 96 tests.

Format	Cat#	Label	Size
Human ELISA Kits for diagnostic of infectious diseases*			
SK-BGV096	SmartEIA Borrelia VlsE IgG	SK-HMA096	SmartEIA Helicobacter MONO IgA
SK-BM0096	SmartEIA Borrelia IgM	SK-HMG096	SmartEIA Helicobacter MONO IgG
SK-BrG096	SmartEIA Borrelia recombinant IgG	SK-HMM096	SmartEIA Helicobacter MONO IgM
SK-BrM096	SmartEIA Borrelia recombinant IgM	SK-ChA096	SmartEIA Chlamydia IgA
SK-BaGV96	SmartEIA Borrelia afzelii VlsE IgG	SK-ChG096	SmartEIA Chlamydia IgG
SK-BsGV96	SmartEIA Borrelia b. sensu stricto VlsE IgG	SK-ChM096	SmartEIA Chlamydia IgM
SK-BsM096	SmartEIA Borrelia b. sensu stricto IgM	SK-ChpA96	SmartEIA Chlamydia pneumoniae IgA
SK-BgGV96	SmartEIA Borrelia garinii VlsE IgG	SK-ChpG96	SmartEIA Chlamydia pneumoniae IgG
SK-BgM096	SmartEIA Borrelia garinii IgM	SK-ChpM96	SmartEIA Chlamydia pneumoniae IgM
SK-BppA96	SmartEIA Bordetella parapertussis IgA	SK-CpAR96	SmartEIA Chlamydia pneumoniae REC IgA
SK-BppG96	SmartEIA Bordetella parapertussis IgG	SK-CpGR96	SmartEIA Chlamydia pneumoniae REC IgG
SK-BppM96	SmartEIA Bordetella parapertussis IgM	SK-ChtA96	SmartEIA Chlamydia trachomatis IgA
SK-BpAT96	SmartEIA Bordetella pertussis Toxin IgA	SK-ChtG96	SmartEIA Chlamydia trachomatis IgG
SK-BpGT96	SmartEIA Bordetella pertussis Toxin IgG	SK-ChtM96	SmartEIA Chlamydia trachomatis IgM
SK-BpMT96	SmartEIA Bordetella pertussis Toxin IgM	MeG096	SmartEIA Measles IgG
SK-CMA096	SmartEIA CMV IgA	MeM096	SmartEIA Measles IgM
SK-CMG096	SmartEIA CMV IgG	SK-MyA096	SmartEIA Mycoplasma IgA
SK-CMM096	SmartEIA CMV IgM	SK-MyG096	SmartEIA Mycoplasma IgG
SK-EAG096	SmartEIA EBV EA-D IgG	SK-MyM096	SmartEIA Mycoplasma IgM
SK-EAM096	SmartEIA EBV EA-D IgM	SK-PVG096	SmartEIA Parvovirus B19 IgG
SK-EBG096	SmartEIA EBV EBNA-1 IgG	SK-PVM096	SmartEIA Parvovirus B19 IgM
SK-EBM096	SmartEIA EBV EBNA-1 IgM	SK-PCG096	SmartEIA PCP IgG
SK-VCA096	SmartEIA EBV VCA IgA	SK-TBG096	SmartEIA TBE Virus IgG
SK-VCG096	SmartEIA EBV VCA IgG	SK-TBM096	SmartEIA TBE Virus IgM
SK-VCM096	SmartEIA EBV VCA IgM	SK-TBE096	SmartEIA TBEV Ig (klíštová encefalitida)
SK-HSVG96	SmartEIA HSV 1+2 IgG	SK-TcA096	SmartEIA Toxocara IgA
SK-HSVM96	SmartEIA HSV 1+2 IgM	SK-TcG096	SmartEIA Toxocara IgG
SK-HS1G96	SmartEIA HSV 1 IgG	SK-TgA096	SmartEIA Toxoplasma IgA (capture)
SK-HS1M96	SmartEIA HSV 1 IgM	SK-TgE096	SmartEIA Toxoplasma IgE (capture)
SK-HS2G96	SmartEIA HSV 2 IgG	SK-TgG096	SmartEIA Toxoplasma IgG
SK-HS2M96	SmartEIA HSV 2 IgM	SK-TgM096	SmartEIA Toxoplasma IgM (capture)
SK-TpG096	SmartEIA Treponema pallidum IgG	SK-VZVA96	SmartEIA VZV IgA
SK-TpM096	SmartEIA Treponema pallidum IgM	SK-VZVG96	SmartEIA VZV IgG
SK-Tp0096	SmartEIA Treponema pallidum TOTAL	SK-VZVM96	SmartEIA VZV IgM
Human ELISA Kits for autoimmunity*			
SK-ENA096	SmartEIA ENA screen plus	SK-CCPA96	SmartEIA CCP IgA
SK-SSA096	SmartEIA SS-A	SK-CCPG96	SmartEIA CCP IgG
SK-SSB096	SmartEIA SS-B	SK-GlA096	SmartEIA Gliadin IgA
SK-Sm0096	SmartEIA Sm	SK-GlG096	SmartEIA Gliadin IgG
SK-RNP096	SmartEIA U1RNP	SK-GDA096	SmartEIA Gliadin DA IgA
SK-Scl096	SmartEIA Scl-70	SK-GDG096	SmartEIA Gliadin DA IgG
SK-Jo1096	SmartEIA Jo-1	SK-MiG096	SmartEIA Milk IgG
SK-RFA096	SmartEIA RF IgA	SK-MiM096	SmartEIA Milk IgM
SK-RFG096	SmartEIA RF IgG	SK-tTA096	SmartEIA Transglutaminase IgA
SK-RFM096	SmartEIA RF IgM	SK-tTG096	SmartEIA Transglutaminase IgG

*Not distributed in Argentina, Belgium, Egypt, Estonia, Guatemala, Montenegro, Serbia, Slovakia, Jordan, Kuwait, Morocco, Peru, Saudi Arabia, Turkey, Yemen.

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

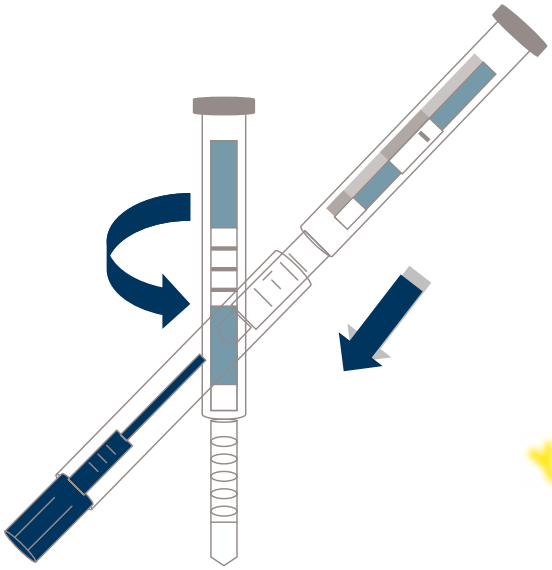
Is one of the main causes of acute gastroenteritis and diarrhea, especially in children under the age of two years. Adenoviruses have been identifed in almost 12% of the feces of children with gastroenteritis. It was reported that adenovirus is the second leading cause of the hospitalized cases of diarrhea 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 Intentive Care Unit
- 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
COVID-19 Tests				
COVID-19 IgG-IgM	RAPU08COVID19	Serum, Plasma, Whole Blood	25 tests	IgM : 85% - IgG: 100%
COVID 19 Antigen	RAPU08COV19AG	Nasopharyngial swab	20 tests	96,4%
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%
Helicobacter pylori				
Helicobacter pylori	RAPU08V400	Serum, plasma, whole blood	20 tests	96,8%
Infectious Diseases Tests				
Strep B	RAPU014B280	Vaginal, rectal swabs	20 Tests	90,9%
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 and ISO 13485 approved

The scientists at DiaSource have extensive experience in the development of antibodies and related enzymatic or radioactive assays. They can 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 125I labeling
- Iodination 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 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 expressly agreed otherwise in writing, these general terms and conditions shall apply to all offers made by DiaSource and to all contracts concluded on the basis of such an offer or on the basis of an order confirmed by it. The client explicitly waives the application of its own general and special terms and conditions in the context of its relationship with DiaSource. DiaSource shall not be bound by contracts concluded through its staff or agents that do not comply with these terms and conditions. DiaSource reserves the right to amend these Terms and Conditions at any time and without prior notice to the client, provided that such amendments are made available to the client by such means as DiaSource deems appropriate. Such changes shall apply to all subsequent offers and contracts made by DiaSource.

Article 2 - Conclusion of the contract
An offer by DiaSource is only binding if it is accompanied by an option period, provided that this period has not expired. An order by the client shall be deemed to have been accepted by DiaSource as soon as DiaSource has explicitly confirmed the order in writing.
Each order has its own distinct characteristics, and products ordered by one customer cannot be redirected to another customer. It is the customer's responsibility to check the accuracy of the order and to notify DiaSource immediately of any errors. The customer may not cancel an accepted offer in whole or in part. If the client cancels an accepted offer, the client shall in any event pay the full price of the offer.
DiaSource reserves the right to (i) refuse requests for personalised offers, or requests for modifications to accepted offers; and/or (ii) charge the client for such modifications or personalised offers at the actual cost in force at the time, with a minimum of EUR 40 (excluding VAT).
Without prejudice to the third paragraph of this Article 2, an administration fee of up to EUR 40 (excl. VAT) shall be charged by DiaSource for any order with a value of less than EUR 500 (excl. VAT). DiaSource also reserves the right to suspend, cancel or refuse the order of a customer, in particular in the case where the data communicated by the customer are obviously erroneous or incomplete or where there is a dispute relating to the payment of a previous order.

Article 3 - Prices and accessories
Unless expressly agreed otherwise in writing, the prices set by DiaSource are valid for packaged products, which are delivered "Ex Works" (within the meaning of Incoterms 2010) to the registered office of DiaSource.
In addition to the agreed price, and unless otherwise expressly agreed in writing, the customer shall bear the following costs: (i) all costs of insurance, protection, loading, transport and unpacking of the goods (ii) All rates and taxes (including VAT and customs duties) relating to the products supplied or the items mentioned under (i), including those rates and taxes which only become applicable or are increased after the conclusion of the contract. (iii) Any additional costs for DiaSource as a result of an unfavourable increase in exchange rates.
All costs incurred as a result of payments made shall be borne by the client.
DiaSource may unilaterally adjust prices. This revision may lead to both an increase in price and a decrease in price. Such a unilateral price adjustment by DiaSource is only valid if DiaSource duly justifies it on the basis of the relevant parameters (increase in the cost of raw materials, etc.). In any case, this revision can only be applied to a maximum of 80% of the price initially fixed

Article 4 - Payment
Unless otherwise agreed, (i) DiaSource shall send a pro forma invoice to the Client, such pro forma invoice shall be paid prior to the date of despatch as confirmed, receipt of payment into the bank account stated on the invoice shall be prior to despatch of the material and (ii) each invoice shall be paid strictly in accordance with the terms of payment set out on the invoice.

Any complaint relating to an invoice must be sent by registered mail to the head office of DiaSource, eight calendar days after its receipt. Otherwise, the client will not be able to dispute the invoice.
Any late payment will result in all debts owed by the client to DiaSource becoming immediately due and payable upon notification by DiaSource.
Interest on the balance of all debts owed by the client to DiaSource that are due and payable shall be payable by operation of law and without notice of default, at the rate mentioned in article 5, paragraph 2 of the Law of 2 August 2002 concerning the fight against late payment in commercial transactions, increased by 3.5%.
All this is without prejudice to (i) the possibility for DiaSource to prove its actual damage and claim compensation, or (ii) the possibility to suspend the continued performance of all other obligations under this (or any other) contract, or to apply any other sanction under common law.

Article 5 - Retention of title - transfer of risk
Ownership of each product sold shall only be transferred to the customer after full payment of the price and accessories for this product, as well as any default interest or compensation that may be due as a result of late payment of this price.
Prior to such full payment, and unless expressly agreed otherwise in writing, the customer is prohibited from disposing of the product, encumbering it with securities, or processing or incorporating it in any way whatsoever. During this period, the customer shall ensure that the product is kept safe, insured and stored individually and that it is marked visibly and legibly as the property of DiaSource.
The risk of loss, destruction or damage of the product (also in case of force majeure) shall, however, pass to the client upon delivery of the product.

Article 6 - Delivery time
Each delivery period is only valid as an indication. Exceeding the delivery period shall not give rise to any sanctions, unless the parties have expressly agreed in writing that the delivery period is binding (in this case, exceeding the delivery period shall only result in compensation for actual damage, which has been proven and established by both parties, or in the dissolution of the contract, at the earliest one month after receipt by DiaSource of a formal notice of default from the client demanding delivery).

Article 7 - Unforeseen events
If, beyond the control of DiaSource, circumstances occur in the purchasing, production and distribution process or in any other necessary process which could not have been foreseen at the time of the conclusion of the contract (e.g. strikes, accidents, abnormal weather conditions, material defects, etc.) and which make the (timely) delivery of the product impossible or seriously impede the fulfilment of any other obligation, DiaSource shall be entitled to dissolve the contract or suspend its obligations, depending on the nature of these circumstances. DiaSource will not assume any liability in such a case and declares that it never accepts such a risk.

Article 8 - Force Majeure
DiaSource shall not be held responsible, either contractually or extra-contractually, in the event of temporary or definitive non-performance of its obligations when such non-performance results from a case of force majeure or fortuitous event.
The following events shall be considered as force majeure or fortuitous events 1) the total or partial loss or destruction of the Provider's computer system or its database where either of these events cannot reasonably be directly attributed to the Provider and it is not shown that the Provider failed to take reasonable steps to prevent either of these events, 2) earthquakes, 3) fires, 4) floods, 5) epidemics, 6) acts of war or terrorism, 7) strikes, whether declared or not, 8) lockouts 9) blockades, 10) insurrections and riots, 11) a breakdown in the supply of energy (such as electricity), 12) a failure of the Internet or data storage system, 13) a failure of the telecommunications network, 14) a loss of connectivity to the Internet or telecommunications network on which DiaSource relies, 15) an act or decision of a third party where that decision affects the proper performance of this Agreement or 16) any other cause beyond the reasonable control of DiaSource.

Article 9 - Complaints
9.1 Visible defects
Complaints concerning visible defects are only admissible if the product has not yet been used and if these complaints are sent in writing to customer.service@diasource.be within 3 working days of receipt of the products and documented by supporting documents (photos, article number, batch number, etc.). After this period, the products will be considered as accepted by the customer, which implies their conformity.
9.2 Transport
The customer must check the products immediately after delivery for conformity, correct quantities and visible defects. Complaints will only be taken into consideration if the customer has mentioned these on the signed delivery note. If these damages are not mentioned and described by the client on the transport documents, at the time of acceptance of the delivery, the goods will be considered as delivered without any damage and no claim will be accepted.
DiaSource will not accept any claims for damage caused by a carrier expressly commissioned by the client.
9.3. Performance Defects
All complaints regarding performance defects must be sent in writing to products.support@diasource.be.
In the event that the products are stored and shipped in a non-conforming condition, used for a purpose or in a process not approved by DiaSource, no claim will be accepted.
9.4. Common provisions
After the discovery of any defect, the customer is obliged to immediately stop using the product in question and to store the products in the correct manner, on pain of inadmissibility of the complaint.
Defective goods may not be returned by the customer without the express prior consent of DiaSource, and must be properly packaged to preserve their quality during return transport.
DiaSource is only obliged to accept returned goods if they have been the subject of a complaint that DiaSource has declared admissible and well-founded.
Once the customer has made a complaint to DiaSource, if the complaint is found to be justified, DiaSource will, at its option, provide a reasonable discount, credit note or replacement product at its expense.
Under no circumstances shall a complaint suspend the obligation to pay.
The following shall also be inadmissible: complaints concerning facts which are not within the competence of DiaSource, complaints concerning an error on the part of the customer, complaints concerning a subjective or ill-considered character of the said complaint.

Article 10 - Liability / Security / Disclaimer
DiaSource shall only be liable for hidden defects that fall under its warranty if the client notifies DiaSource of the existence of the defect in writing within 3 working days of the client becoming aware of the defect. In this case, the client may not demand that the sale of the product concerned be rescinded, and DiaSource shall only be liable for (i) the loss in value of the product, as well as, insofar as it is responsible for this, and (ii) the additional damage suffered by the client, if the latter provides proof of this. This compensation (i and ii) may not exceed the price paid by the customer for the product concerned.
The customer undertakes to comply strictly with the Good Distribution Practice (GDP) guidelines applicable to CE marked medical devices. The customer agrees to use the products in a professional manner and in accordance with the instructions provided by DiaSource. The customer agrees to inform DiaSource without delay of any malfunction or change in the characteristics and/or performance of a product purchased from DiaSource. In case of resale of the products by the client to a third party located outside the Belgian territory, the client undertakes to provide this third party with all necessary documents and instructions in the language(s) of the country of export.

Article 11 - Compensation in case of insolvency of the customer
If the client is declared bankrupt, or if any other insolvency proceedings, or proceedings similar to insolvency proceedings, are opened in relation to the client, all sums owed by and between DiaSource and the client shall be set off by operation of law on the date the insolvency proceedings are opened, even if these sums are not due, liquid or fully certain on the date the insolvency proceedings are opened.

Article 12 - Transferability
The client may not assign its rights and obligations towards DiaSource to a third party (by way of sale, capital contribution, gift, or any other transaction, including the assignment or contribution of a branch of activity or a universality, or a merger, demerger or other corporate restructuring) without the prior written consent of DiaSource.

Article 13 - Relationship between the parties
As the parties are independent legal entities, the contract only binds them to each other for the purposes mentioned in the contract. Consequently, the provisions of the contract may not be interpreted as creating any association or partnership between the parties or as conferring any mandate on one party to the other. Furthermore, neither party may bind the other in any way or to any person other than in accordance with the provisions of this contract.

Article 14 - Illegality
The possible illegality or invalidity of any article, paragraph or provision (or part of an article, paragraph or provision) shall not affect in any way the legality of the other articles, paragraphs or provisions of these general terms and conditions, nor the remainder of that article, paragraph or provision, unless the contrary intention is evident from the text.

Article 15 - Headings
The headings used in these general conditions are for reference and convenience only. They do not affect the meaning or scope of the provisions they refer to.

Article 16 - Non-waiver
No failure, neglect or delay by any party to exercise any right or remedy under these terms and conditions shall be construed as a waiver of such right or remedy.

Article 17 - Applicable law and jurisdiction
These General Terms and Conditions, as well as all contracts to which they relate, are governed by Belgian law, to the exclusion of Belgian private international law and the Vienna Convention on Contracts for the International Sale of Goods of 11 April 1980 (the Convention on the Limitation Period in the International Sale of Goods of 14 June 1974 remains applicable).
The courts of the district of Walloon Brabant shall have exclusive jurisdiction to hear disputes arising from these general terms and conditions or related to contracts concluded by DiaSource (including pre-contractual disputes) to which they refer.

Article 18 - Discrepancies between the different language versions
These general terms and conditions have been drafted in English and French. In case of discrepancies between the different language versions, the French version shall prevail.

Article 19 - GDPR & Privacy Policy
DiaSource is compliant with the General Data Protection Regulation. Our privacy and data protection policy is available on our website www.diasource-diagnostics.com Any questions can be addressed to: GDPR@diasource.be.

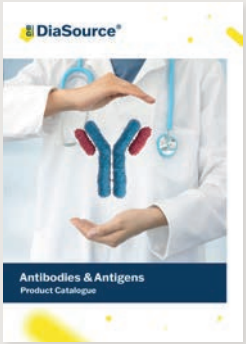
Index by Product Name

For registration requirements in countries outside of the European market, please contact regulatory.affairs@diasource.be.

Our other available product catalogues

RIA: Product Catalogue

- Autoimmunity
- Biogenic Amines & Neurosciences
- Bone Metabolism
- Cancer Markers
- Cardiovascular & Salt balance
- Diabetes & Metabolism
- Fertility
- Gastrointestinal Metabolism
- Growth Factors
- Hematology
- Hepatic Function
- Thyroid Function



Antibodies & Antigens: Product Catalogue

- Bone Metabolism
- Cancer Markers
- Cardiovascular & Salt Balance
- Diabetes & Metabolism
- Fertility
- Growth Factors
- Gastrointestinal Metabolism
- Inflammation
- Kidney Function
- Prenatal Screening
- Thyroid Function

Instruments Catalogue
ELISA - CLIA - RIA - BLOT

Contact us

info@diasource.be

or visit our website

www.diasource-diagnostics.com

For more information scan this QR code

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