rekom biotech

High Quality Raw Material
for IVD Manufacturing Industry

Oriented to:

- DIAGNOSTIC OF ACQUIRED SYPHILIS IN ALL STAGES OF THE DISEASE, INCLUDING THE TRANSPLACENTALLY ACQUIRED MATERNAL IgG (IgG+IgM)
- CONGENITAL SYPHILIS and A RECENT/ACTIVE INFECTION (IgM, IgA)

Rekom Syphilis High-Quality Raw Material for 3rd generation ELISA assay

NAME	CAT NUMBER	SOURCE	APPLICATION	DESCRIPTION
TmpA	RAG0073	*E. coli*	WB, DB, IE, DE, CLIA, LF	Membrane lipoprotein
Tpp15	RAG0009	*E. coli*	WB, DB, IE, DE, CLIA, LF	Membrane lipoprotein
	RAG0009BIOT	*E. coli*	WB, DB, CE, DAS, NP, PO	Tpp15 biotinylated
Tpp17	RAG0008	*E. coli*	WB, DB, IE, DE, CLIA, LF	Membrane lipoprotein
	RAG0008BIOT	*E. coli*	WB, DB, CE, DAS, NP, PO	Tpp17 biotinylated
Tpp47	RAG0010	*E. coli*	WB, DB, IE, DE, CLIA, LF	Membrane lipoprotein
	RAG0010BIOT	*E. coli*	WB, DB, CE, DAS, NP, PO	Tpp47 biotinylated
ChimSyphilis1	RAG0046	*E. coli*	WB, DB, IE, DE, CLIA, LF	Recombinant chimeric antigen (Tpp17 and Tpp47)
	RAG0046BIOT	*E. coli*	WB, DB, CE, DAS, NP, PO	ChimSyphilis1 biotinylated
ChimSyphilis2	RAG0064	*E. coli*	WB, DB, IE, DE, CLIA, LF	Recombinant chimeric antigen (Tpp15 and TmpA)
	RAG0064BIOT	*E. coli*	WB, DB, CE, DAS, NP, PO	ChimSyphilis2 biotinylated

Coloured text boxes show matched raw material for double antigen sandwich (DAS) systems: the non-biotinylated protein should be used as a capturer, coating the plate and the mono or poly-biotinylated as a detector of the system.

WB: Western Blot
DB: Dot Blot
IE: Indirect ELISA
DE: positive control in direct ELISA
CLIA: Chemiluminescent Immunoassay

LF: Lateral Flow
CE: Capture ELISA
DAS: Double antigen sandwich
NP: nanoparticles binding
PO: plate orientation

Pack size: 0.1 mg*; 1 mg; bulk
Format: liquid; lyophilised
*under availability, for liquid format

Top product (Satisfaction guarantee)

PRODUCT PERFORMANCE:

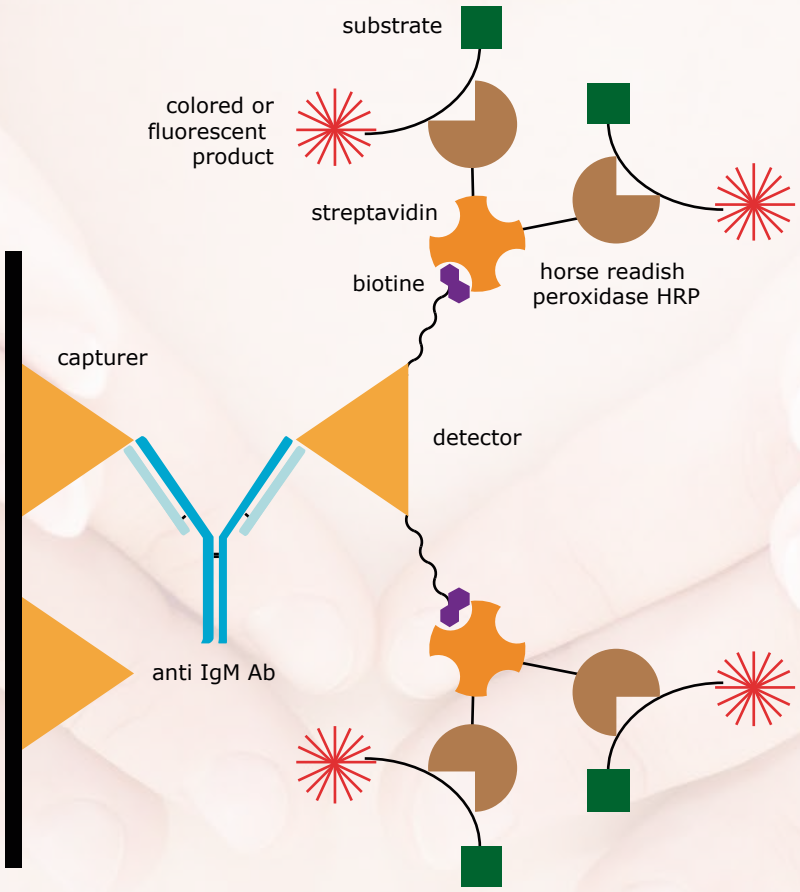
- Versatility
- Validation
- Conjugation
- Reproducibility
- Broad spectrum
- Specificity and sensitivity
- Technical support
- Costs reduction and fast delivery

Syphilis is a multistage progressive disease caused by the spirochete *Treponema pallidum* subsp. *pallidum* and is characterized by localised, disseminated and chronic stages. Manifestations include the development of a localised lesion called a chancre during the primary stage and disseminated skin lesions and meningovascular syphilis during the secondary stage, followed by a period of latency lasting from months to decades. Since direct microscopy is possible only when lesions are present, and this is not the case in the majority of patients, detection of antibodies against *T. pallidum* is the most effective method for the diagnosis of syphilis.

Enzyme immunoassays have shown some advantages in relation to the tests used for the laboratory diagnosis of syphilis since they are easy and quick to perform and objective to read. They also have the potential to be automated.

The diagnosis of congenital syphilis, although useful in documenting maternal infection, does not distinguish maternal from infant antibody. Serologic tests detecting IgM antibodies to infectious agents are useful in diagnosing congenital infections. Since IgA antibodies, like IgM, do not cross the placenta, they are also potential markers of congenital infection. A consistent finding is the IgM and IgA reactivity to the 47-kDa antigen by sera from infants at risk for congenital syphilis.

Rekom Syphilis High-Quality Raw Material for 3rd generation ELISA assay



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