





rekom biotech

 High Quality Raw Material

 for IVD Manufacturing Industry

Oriented to:

- ▶ DIAGNOSTIC OF ACQUIRED SYPHILIS IN ALL STAGES OF THE DISEASE, INCLUDING THE TRANSPLENTALLY 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

REFERENCE	ANTIGEN	APPLICATION	PACK SIZE
RAG0008	Tpp17	ELISA, DAS-ELISA, CLIA, LF	0.1 mg to 1 mg; bulk
RAG0012	Tpp17-biot	ELISA, DAS-ELISA, CLIA, LF	0.1 mg to 1 mg; bulk
RAG0009	Tpp15	ELISA, DAS-ELISA, CLIA, LF	0.1 mg to 1 mg; bulk
RAG0013	Tpp15-biot	ELISA, DAS-ELISA, CLIA, LF	0.1 mg to 1 mg; bulk
RAG0010	Tpp47	ELISA, DAS-ELISA, CLIA, LF	0.1 mg to 1 mg; bulk
RAG0014	Tpp47-biot	ELISA, DAS-ELISA, CLIA, LF	0.1 mg to 1 mg; bulk
RAG0073	TpmA	ELISA, DAS-ELISA, CLIA, LF	0.1 mg to 1 mg; bulk

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.

PRODUCT PERFORMANCE:

- ▶ Versatility
- ▶ Validation
- ▶ Cojugation
- ▶ 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.

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