

PreventID® CalScreen®

PreventID® CalDetect® 50/200

Irritable bowel syndrome or inflammatory bowel disease?

Easy, fast and reliable



PREVENTIS

PreventID[®] CalScreen[®]

PreventID[®] CalDetect[®] 50/200

Immunological rapid tests for the determination of Calprotectin

PreventID[®] CalScreen[®]:

First diagnostic screening for patients with chronic intestinal problems

- Calprotectin cut-off value at **50 µg/g stool**.
- Classification in inflammatory (≥ 50 µg/g) and non-inflammatory (< 50 µg/g) diseases.
- Differentiation between IBD and IBS.

PreventID[®] CalDetect[®] 50/200:

Therapy monitoring for IBD patients

- Two calprotectin cut-offs at **50 µg/g stool and 200 µg/g stool**
- Classification into inflammatory (≥ 50 µg/g) and non-inflammatory (< 50 µg/g) diseases.
- Additional: therapy monitoring of an IBD therapy: If the calprotectin concentration in medicated IBD patients exceeds 200 µg/g, this is an indication of a renewed inflammatory activity (relapse). The therapy can then be adjusted accordingly.
- Regular use in IBD patients is an effective tool for the individual monitoring of the therapy.

Intestinal inflammation? Irritable bowel syndrome?

Intestinal problems are common

Diarrhea, abdominal pain and digestive disorders are common symptoms that indicate e. g. viral infections, food intolerances or stress. However, if intestinal problems persist or recur periodically, a chronic disease might be the underlying cause.

Functional disorder or organic disease?

Irritable bowel syndrome (IBS) is a chronic intestinal irritation that is characterized by an impaired bowel function without actual underlying organic disease. In contrast to IBS, chronic inflammatory bowel diseases (IBD), such as Crohn's disease or ulcerative colitis, are caused by intestinal inflammations which are responsible for a relapsing and partly persisting disease activity.

Since IBS and IBD therapy differ fundamentally, an early and reliable diagnostic differentiation between these two diseases is important.

Calprotectin – a biomarker for intestinal inflammation

Until now the primary diagnosis of intestinal inflammation required a multitude of elaborate and costly examinations. Now, calprotectin is a non-invasive marker for intestinal inflammations. Calprotectin concentrations are significantly elevated in IBD patients while IBS

patients display normal levels. The parameter is therefore ideal for the differentiation of organic diseases of the intestinal tract (such as IBD) and functional diseases (such as IBS).

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What are the advantages of the tests?

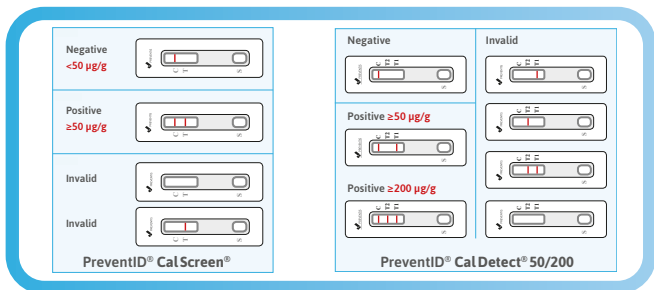
Diagnostic close to the patient for the determination of calprotectin in the physician's office

- ✓ **Highest reliability:** both tests use highly sensitive and specific antibodies for the detection of calprotectin in stool.
- ✓ **Fast result:** no time consuming waiting for laboratory results, the test can be run and interpreted directly in the physician's office.
- ✓ **Maximal flexibility:** Depending on the diagnostic question you can choose either the **PreventID® CalScreen®** for the fast differentiation between IBD and IBS or the **PreventID® CalDetect® 50/200** for an additional IBD therapy monitoring.

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How do the tests work?



Both rapid tests are easy to use stool tests and deliver results in a few minutes.

- ✓ You get the stool sampling set from the medical personnel or your physician.
- ✓ Paper stool catcher and stool sample collection tube enable a hygienic and correct collection of the faecal sample.
- ✓ The test run takes 10 minutes.
- ✓ The test result is interpreted directly in the physician's office.



WWW.PREVENTIS.COM

Distributed by:

Preventis GmbH

Stubenwald-Allee 8a
64625 Bensheim, Germany

Fon: +49 6251 70711-0

Fax: +49 6251 70711-299

info@preventis.com

 Immundiagnostik AG, Stubenwald-Allee 8a, 64625 Bensheim

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