

ELISA-VIDITEST anti-JCV IgG kit is intended for the detection of anti-polyomavirus JC specific IgG antibodies in human serum and plasma.

From 50% to 60% of population is infected by polyomavirus JC (JCV) during childhood. Infection is without any symptoms and later continues to the latent phase, which is characterised by long-term persistence of anamnestic IgG antibodies in serum. Virus can repeatedly reactivate in latently infected people or the reinfection by other serotype can occur. Reactivation/reinfection can be accompanied by temporary viremia or asymptomatic excretion in urine, in rare cases of immunocompromised patients it can cause infection of central nervous system – progressive multifocal leukoencephalopathy (PML). The presence of anti-JCV antibodies is one of the risk factors of PML outbreak in patients treated with natalizumab. Significant increase or high anti-JCV antibody level can indicate reinfection or reactivation in these patients.

ELISA-VIDITEST



REF	Product	Method	Evaluation	Wells	Sample	Sensitivity/Specificity
ODZ-450	anti-JCV IgG	ELISA	quant., semiquant.	96	serum, plasma	95% / 95%

Why using ELISA-VIDITEST anti-JCV IgG:

- Recombinant antigens do not cross-react with the other polyomaviruses
- Qualitative data evaluation
- Quantitative data evaluation using e-calculator – monitoring of antibody concentration
- High sensitivity and specificity
- Ready to use HRP conjugate and controls



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Polyomavirus BK

ELISA-VIDITEST anti-BKV IgG kit is intended for the detection of specific IgG antibodies to polyomavirus BK (BKV) in human serum and plasma. Recombinant antigens used in the kit do not cross-react with other polyomaviruses (polyomavirus JC, Merkel cell polyomavirus). The kit is used for the serological diagnostics of diseases caused or associated with BKV (e.g. BK-viral nephropathy, haemorrhagic cystitis, urethral stenosis, infections of upper and lower respiratory tract mainly in immunodeficient patients) and for the risk assessment of infection transmission and subsequent complications in graft acceptors.

Anti-BKV antibodies are present in 50% to 80% of adult population. Primoinfection occurs mostly during childhood and in most of the cases it is asymptomatic or brings on an acute respiratory disease and then continues to the latent phase, which is characterised by long-term presence of anamnestic IgG antibodies in serum. In latently infected persons the virus can repeatedly reactivate or they can be re-infected by other BKV serotype. Reactivation/reinfection can be accompanied by temporary viremia or viruria; and in immunodeficient persons it can cause various diseases of urinary tract (haemorrhagic cystitis, urethral stenosis), kidneys (BK-viral nephropathy), central nervous system (encephalitis, polyradiculoneuritis), lungs (interstitial pneumonitis) or vasculitis. Absence of anti-BKV antibodies may indicate patient's susceptibility to primoinfection, which is connected with increased complication risk. Primoinfection can be diagnosed using anti-BKV IgG seroconversion. Significant increase of antibody level in paired serum/plasma samples can be a sign of reinfection or virus reactivation.

ELISA-VIDITEST



REF	Product	Method	Evaluation	Wells	Sample
ODZ-405	anti-BKV IgG	ELISA	semiquant.	96	serum, plasma

Why using **ELISA-VIDITEST anti-BKV IgG**:

- Microtirate plate contains a mixture of highly specific antigens – no cross-reactivities with other polyomaviruses
- Semiquantitative data evaluation
- High sensitivity and specificity
- Ready to use HRP conjugate and controls

