



Neuberg
DIAGNOSTICS

● India ● UAE ● South Africa ● USA

New INSIGHTS



Allergens

IMMUNOCAP /IMMUNOCHROMATOGRAPHY (EIA)/CRD

ImmunoCAPTM Allergic test result can help clinicians :



To identify the offending allergen



To confirm a clinical suspicion of allergic sensitization



To rule out allergic sensitization



To determine patients that are appropriate for further testing



To monitor levels of IgE antibodies for prognosis

PAINLESS

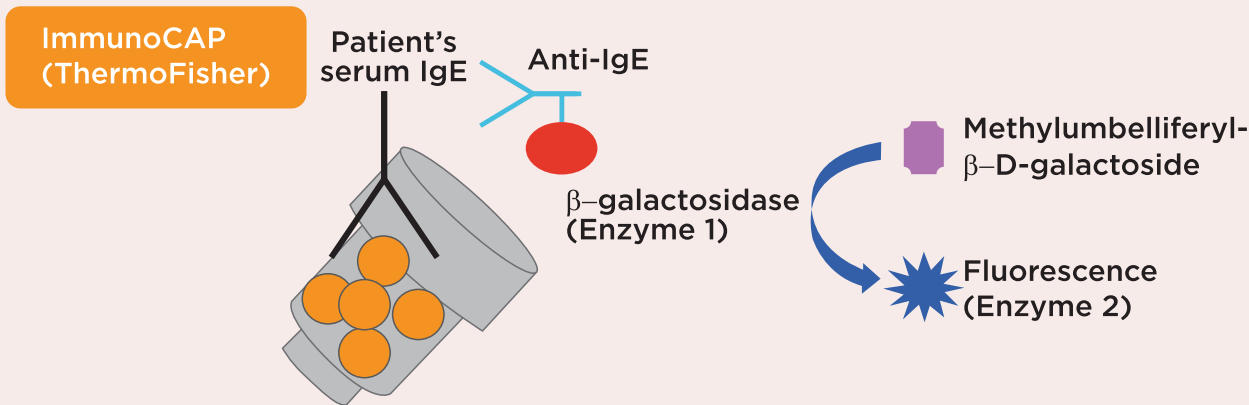


References:

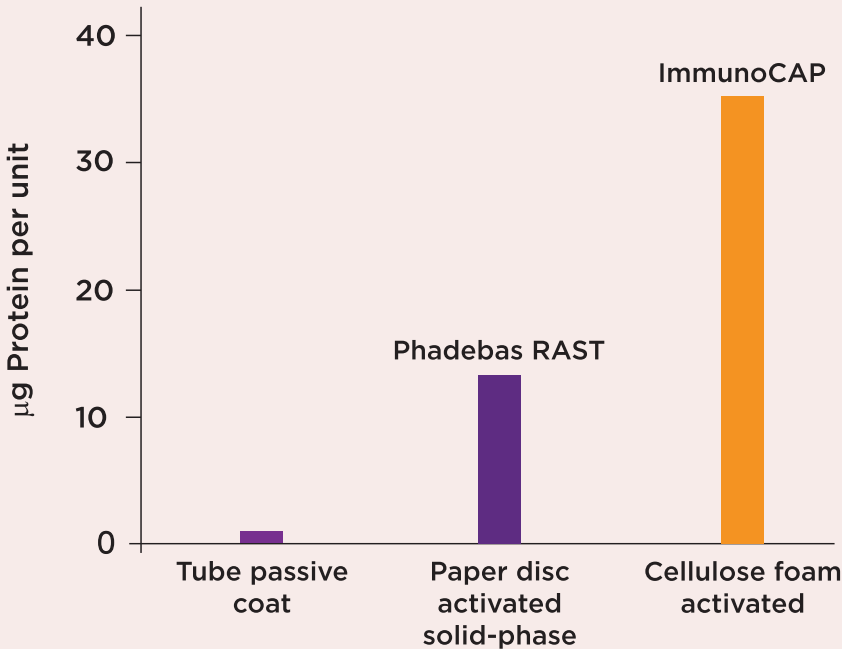
- ▶ Veerapaneni, Vaishnavi et al. Prevalence of Allergic Rhinitis, Atopic Dermatitis and Asthma among school children in Hyderabad, India. Journal of Allergy and Clinical Immunology, Volume 139, Issue 2, Ab205
- ▶ Allen-Ramey F, et al. J Am Board Fam Pract 2005; 18(5):434-439
- ▶ Host A, Halken S. Allergy 2000;55:600-608
- ▶ Kay J, Gawkrödger DJ, Mortimer MJ, Jaron AG. The prevalence of childhood atopic eczema in a general population. J Am Acad Dermatol. 1994 Jan;30(1):35-9
- ▶ Cramer R. In vitro allergy diagnosis- Allergen-specific IgE. In: Akdis CA, Agache I, editors. Global atlas of allergy. Zurich: European Academy of Allergy and Clinical immunology;2014.p.166-7

Technology that makes a difference

ImmunoCAP is a sandwich Immuno Assay. The Technology is based on an extremely high binding capacity of the cellulose with the allergens, which ensures the binding of all relevant antibodies, regardless of antibody affinity.



The ImmunoCAP solid phase consists of a cellulose derivative enclosed in a capsule. The hydrophilic, highly branched polymer provides an ideal micro environment for allergens, binding them irreversibly while maintaining their native structure



This solid phase is an excellent carrier of antigens (allergens) & provides favorable reaction conditions, including short diffusion distances.

Novel method for testing all ALLERGENS IMMUNOCHROMATOGRAPHY

Immunochromatography Assay

Immunochromatography is one of the most important & effective techniques in the detection of the pathogen. It plays an important role in the diagnosis. These assays are also known as lateral flow test or simply strip test which are the devices intended to detect the target analyte in sample without the need for specialized & costly equipment. They are the logical extension of the technology used in latex agglutination tests, the 1st of which was developed in 1956 by Singer & Plotz.

This Approach Allows For

- ▶ Adjustable and rapid formation of immune complexes;
- ▶ Removal of non-reacted compounds from the binding zone during the analysis; and
- ▶ The use of special zones to concentrate and to detect target complexes.
Immunochromatography combines advantages of homogeneous and heterogeneous analytical methods.
- ▶ It combines the speed of a homogeneous immunoassay with the separation of reacted and unreacted compounds by a variety of heterogeneous methods.

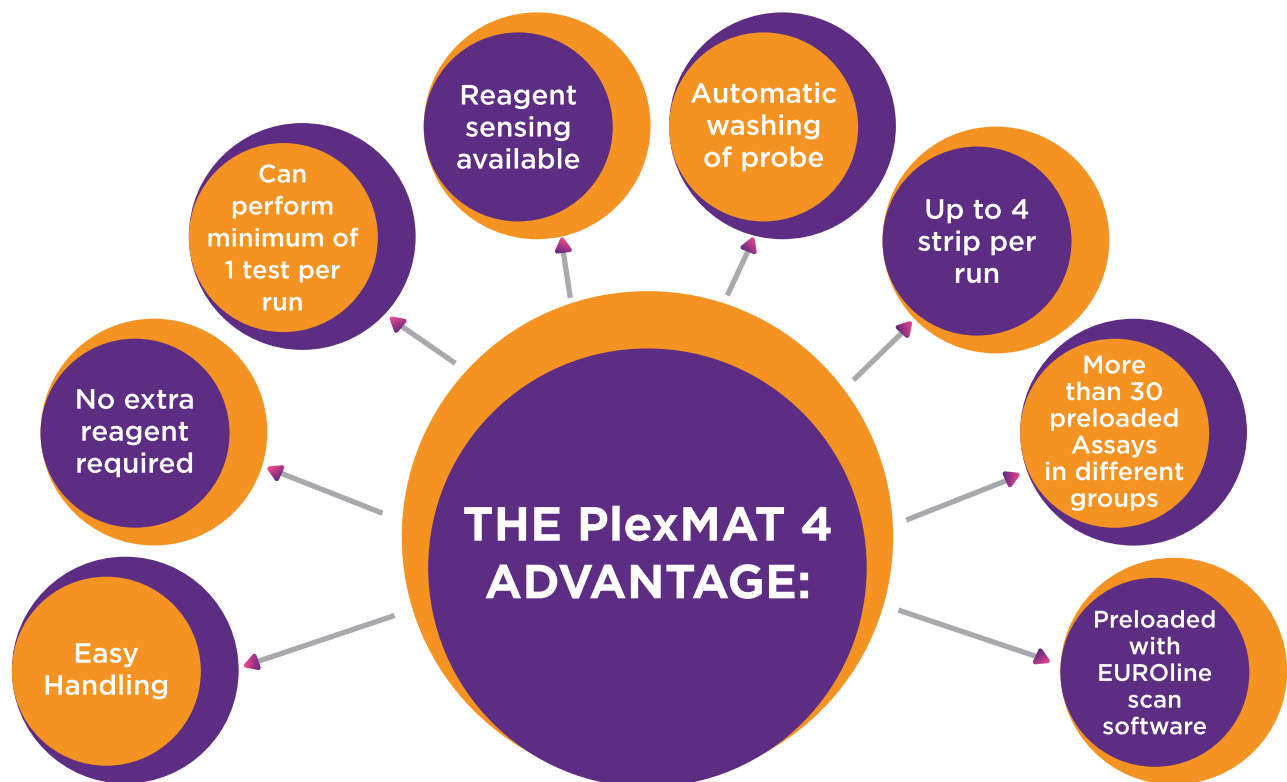
Advantages

- ▶ Ease of device preparation
- ▶ Low cost
- ▶ Stability over a wide range of environmental conditions & very long shelf life.
- ▶ Easy integration with electronics
- ▶ Wide range of applications
- ▶ No or very little energy consumption
- ▶ Simple and user friendly operation

- ▶ Requirement of small sample volume
- ▶ Most of the time, allows sample application without Pre-treatment
- ▶ Versatility of formats, biorecognition molecules, labels and detection systems.
- ▶ Less time of analysis
- ▶ Comparable or better sensitivity & specificity than other well established methods

Immunochromatographic Assays - PRINCIPLE

The principle is based on dye labelled antibody specific for target analyte which is present on the lower end of nitrocellulose strip or in the plastic well along with the strip. The antibody which is specific for target antigen is also bound to the strip in a thin test line and antibody antigen specific for labelled antibody bound to control line. So when the sample and buffer are placed on the strip or in a well, mixed with labeled antibody to draw across the lines of the bound antibody.

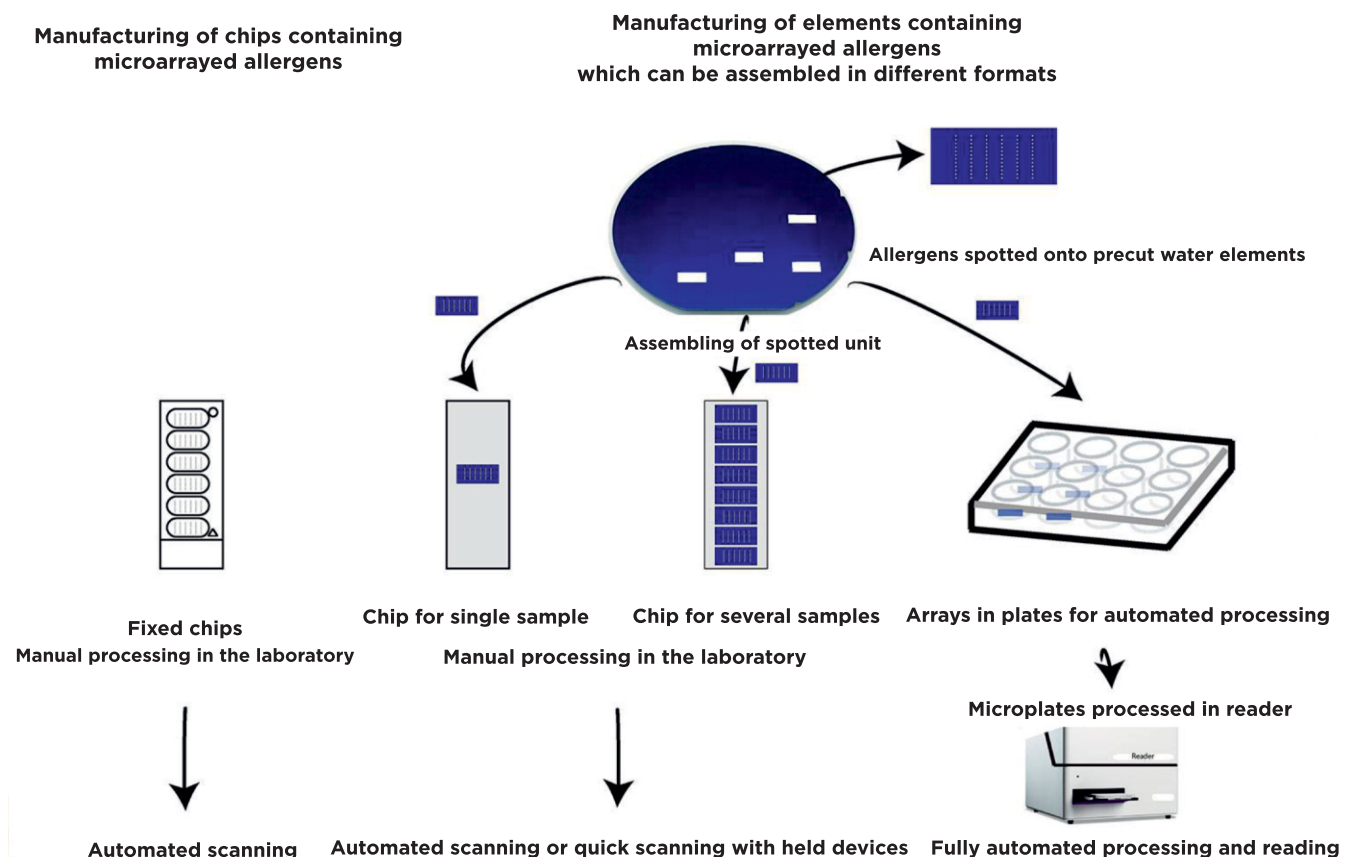


References:

- ▶ Arruda LK, Sole D, Baena-Cagnani CE, Naspitz CK. Risk factors for asthma and atopy. *Curr Opin Allergy Clin Immunol* 5 (2005) 153-159.
- ▶ Boullay ME, Boulet LP. The relationships between atopy, rhinitis and asthma: patho physiological considerations. *Curr Opin Allergy Clin Immunol* 3 (2003) 51-55.
- ▶ Eigenmann PA, Calza AM. Diagnosis of IgE-mediated food allergy among Swiss children with atopic dermatitis. *Pediatr Allergy Immunol* 11 (2000) 95-100.
- ▶ Malandain H. IgE-reactive carbohydrate epitopes-classification, cross-reactivity, and clinical impact. *Eur Ann Allergy Clin Immunol* 37(4) (2005) 122-8.

Allergy testing by ALEX – Microarray technology - Component Resolved Diagnostics (CRD)

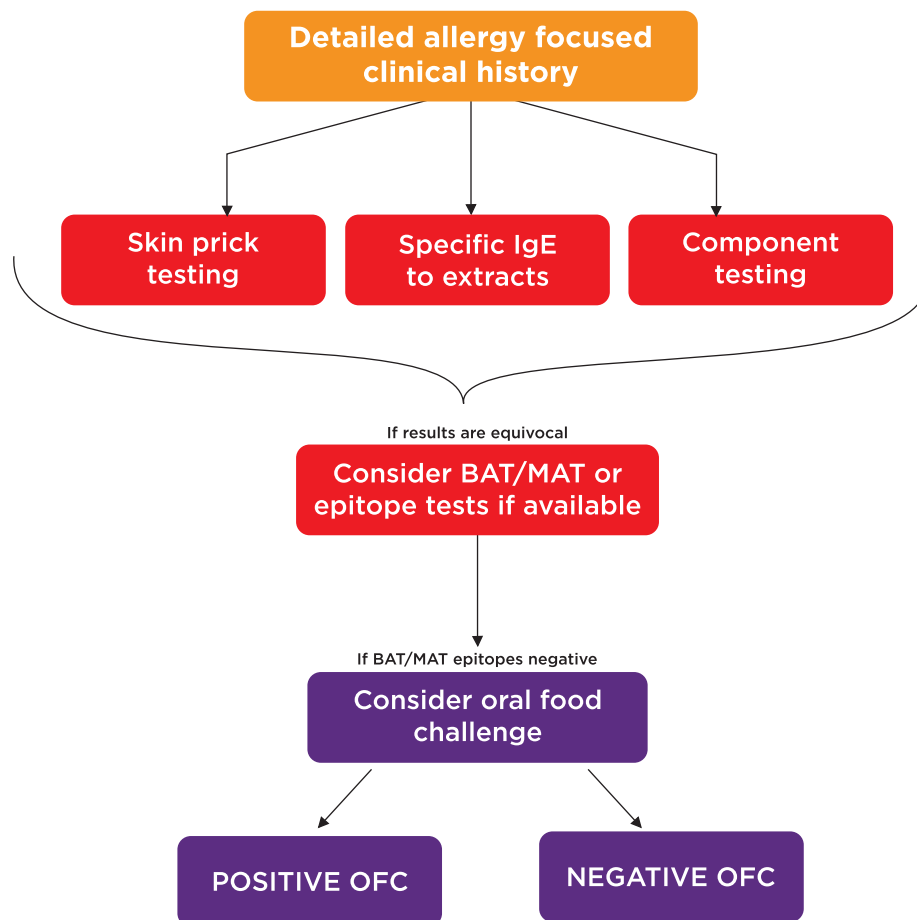
- ▶ Allergy Explorer is an in-vitro multiplex allergy test that allows simultaneous measurement of total IgE (tIgE) and specific IgE (sIgE) antibodies against nearly 300 different allergens, from a single run of a patient sample.
- ▶ Conventional singleplex allergy test systems can be laborious in obtaining a comprehensive IgE sensitization profile of patients. Often, several testing cycles are required to reach a clear diagnosis, and total IgE is tested separately. To streamline this fragmented approach, ALEX gives you a near complete picture of patient's allergic situation, including total IgE levels.
- ▶ ALEX has been developed based on a proprietary nanobead technology, ensuring optimization of every individual allergen immobilized on the solid phase.
- ▶ This harmonious integration of Macro Level Diagnostics (total IgE Level), Micro Level Diagnostics (specific IgE against purified protein extracts) and Core Level (specific IgE against molecular components) allows ALEX to create a detailed understanding of an individual's allergy status.



What is Component-resolved diagnostics (CRD)?

- ▶ Component-resolved diagnostics (CRD) in food allergies is an approach utilized to characterize the molecular components of each allergen involved in a specific IgE (sIgE)-mediated response. In the clinical practice, CRD can improve diagnostic accuracy and assist the physician in many aspects of the allergy work-up.
- ▶ CRD allows for discriminatory co-sensitization versus cross-sensitization phenomena and can be useful to stratify the clinical risk associated with a specific sensitization pattern, in addition to the oral food challenge (OFC)
- ▶ The advent of CRD represents a milestone in the field of food allergy diagnosis, allowing for a better identification and characterization of the specific molecules that trigger allergic reactions. In light of this, CRD has become an important tool in the diagnostic work-up of food allergies, has given the identification of sIgE against the major allergens allows for discriminating against primary food allergies versus secondary sensitization. Moreover, CRD helps predict the evolution of the allergic process and the clinical risk of each patients and in stratifying the outcome of the OFC.

Approach to Allergy:



Component Resolved Diagnosis

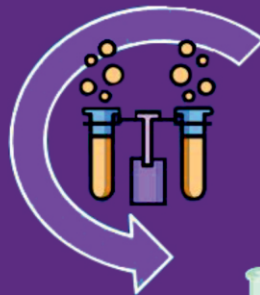
Allergenic Food Source

Skin prick tests



Allergenic Extract

Specific IgE



Unique allergen molecules

Cross-reactive allergen molecules

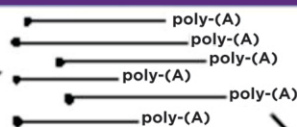


Component
Resolved
Diagnostics

Components Production



mRNA extraction



cdNA synthesis, doing and selection of a DNA clones encoding individual allergenic proteins



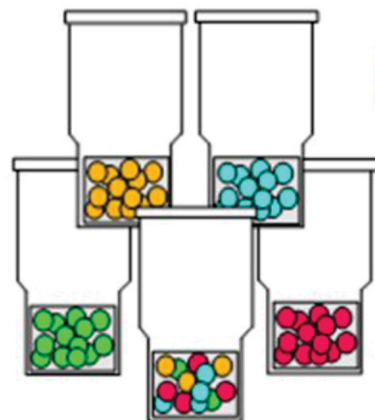
Production of recombinant allergens, Immobilization on solid phase



Allergy- eliciting biological material

Extraction, Immobilization on solid phase

Standard Allergen ImmunoCAP



Recombinant Allergen ImmunoCAP

Standardization and research reagents

Allergy by Microarray technique – report format

Patient ID:	20300126167		Referring Physician:
Patient Name:	Master SHLOK SHAH		
Date of Birth:			
Sample ID:	20300126167		Additional Information:
Barcode:	02AHA783		
Sampled on:	16/03/2022		
Tested on:	17/03/2022		
Approved on:	17/03/2022		
Note: The internal QC (Plausibility check for GD) was within acceptance range.			

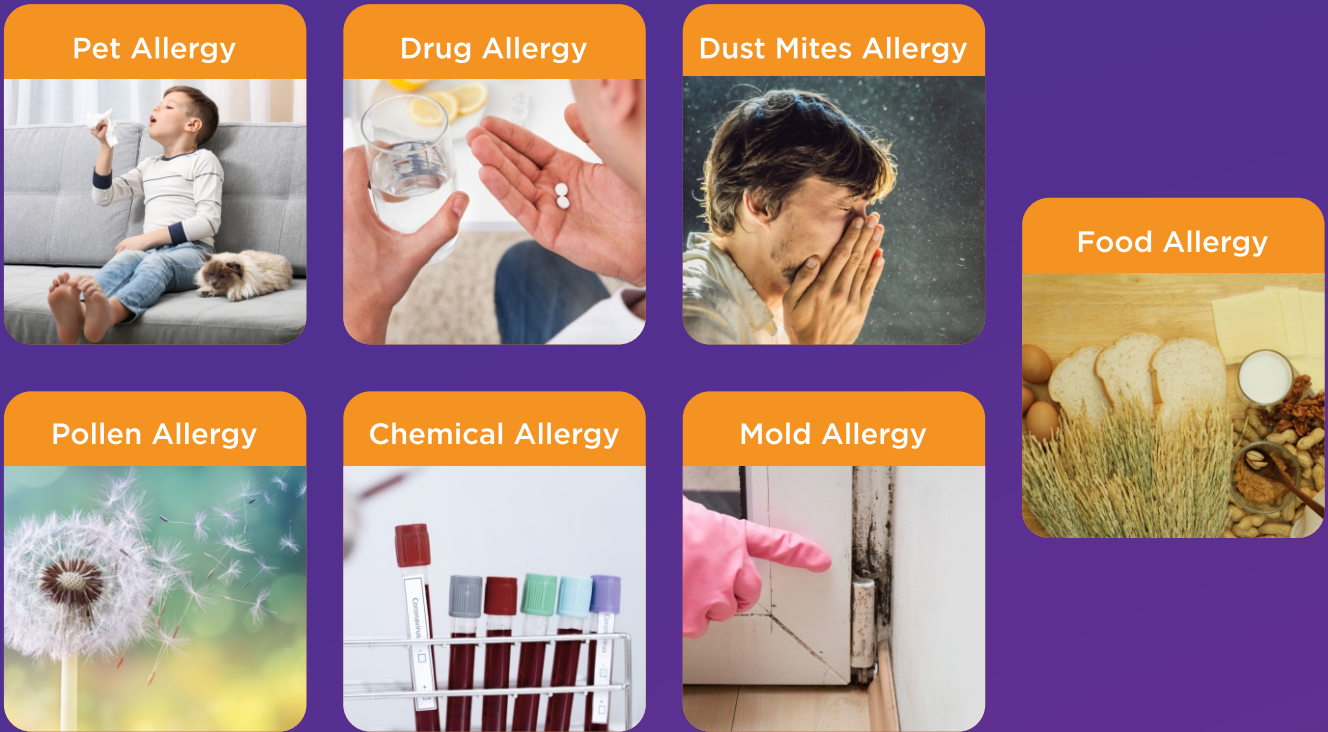
Lab report : Summary on detectable sensitisations

Grass Pollen	Grass Pollen	0	Cross-reactive Allergen Families	
	Tree Pollen	2	Polcalcin	0
	Weed Pollen	0	Profilin	0
Mites	House Dust Mites & Storage Mites	0	PR-10	0
Microorganisms	Fungal Spores & Yeast	4	Ole e 1 Family	0
Plant-Based Food	Legumes	1	LTPs	1
	Grain	1	Storage Proteins	0
	Spices	0	Lipocalins	0
	Fruits	1	NPC2	0
	Vegetables	0	Serum albumin	0
	Nuts & seeds	1	Parvalbumin	0
Animal-Derived Food	Milk	0	Tropomyosin	0
	Egg	0	CCD	0
	Fish & Seafood	0	Uteroglobulin	0
	Meat	2	Arginine Kinase	0
Insects & Venoms	Ant, Bee, Wasp	0		
	Cocokroach	0	Total IgE (KU/L)	190
Epithelial Tissues of Animals	Pets	0		
	Animals	0		
Others	Latex	0		
	Ficus & Hops	0		
	CCD	0		
	Parasite	0		

Highest measured IgE concentration per allergen group

<0.3 kUA/L	0.3 - 1 kUA/L	1 - 5 kUA/L	5 - 15 kUA/L	> 15 kUA/L
0	1	2	3	4
Negative or uncertain	Low IgE level	Moderate IgE level	High IgE level	Very High IgE level

Types Of Allergies



Allergy Panels by Immunocap (Phadia)

Panel	MRP.
Allergy-Phadia Dander Panel	Rs. 1500
Allergy-Phadia Eczema Panel	Rs. 3000
Allergy-Phadia Fruits Panel	Rs. 4000
Allergy-Phadia Fungus Panel-Basic	Rs. 1500
Allergy-Phadia Fungus Panel-Extensive	Rs. 2200
Allergy-Phadia Generalised Comprehensive Panel	Rs. 7500
Allergy-Phadia Inhalent Panel	Rs. 7500
Allergy-Phadia NonVeg-Extensive	Rs. 7800
Allergy-Phadia NonVeg Mini	Rs. 2800
Allergy-Phadia Non-Veg Seafood	Rs. 4000
Allergy-Phadia Nuts Panel	Rs. 3800
Allergy-Phadia Rhinitis Panel	Rs. 5500
Allergy-Phadia Veg-Extensive	Rs. 18000

Panel	MRP.
Allergy-Phadia Veg panel Mini	Rs. 7500
Hypersensitivity Pneumonitis Panel	Rs. 7800
Allergic Bronchopulmonary Aspergillosis Panel -ABPA	Rs. 2400
Allergy-House Dust Mite	Rs. 800

Allergy Panels by Immunochromatography (EIA)

Panel	MRP.
Allergy Comprehensive (Food+Inhalant+Drug)	Rs. 7500
Allergy Food	Rs. 3500
Allergy Inhalants	Rs. 3500
Allergy Drug	Rs. 2500
Allergy Food & Inhalent	Rs. 5000

Allergy Food and Inhalant by Microarray (CRD) - Rs. 15000

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