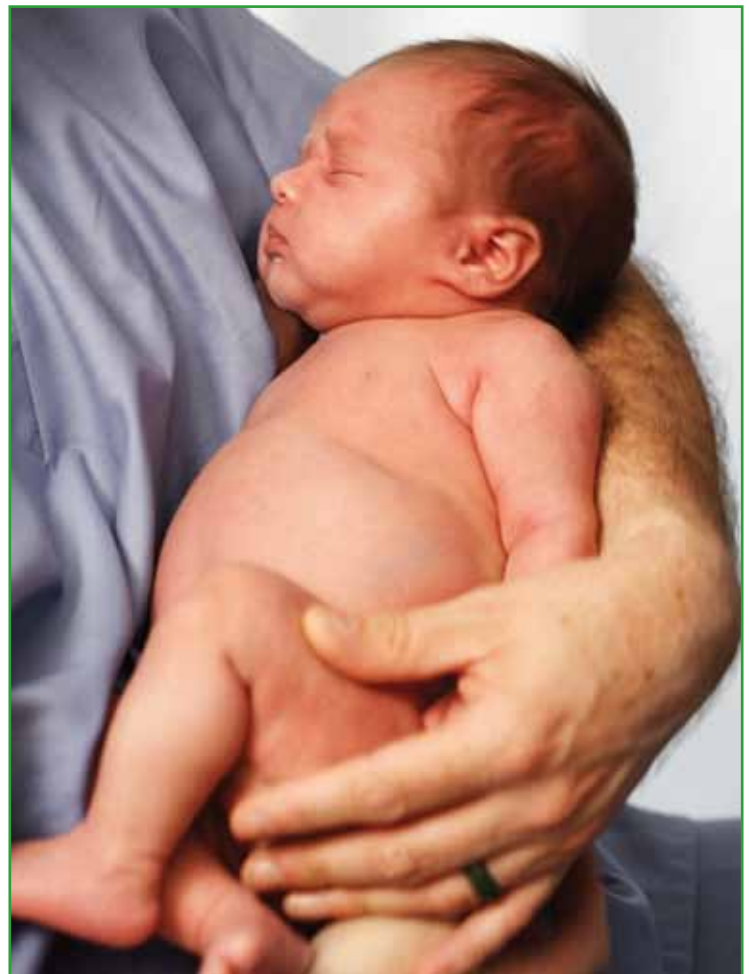
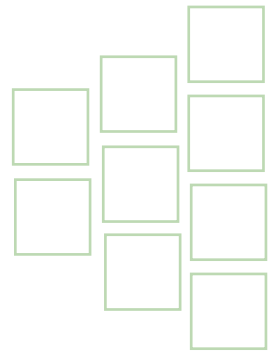


RELISA[®] Anti-Cardiolipin

Accurate detection can make a difference in people's lives.

- Do you know that the presence of antiphospholipid antibodies can cause infertility and fetal loss? ⁴
- Do you know that the presence of antiphospholipid antibodies increases the chance for stroke, and that proper treatment greatly reduces the risk of recurrence? ⁵
- Do you know that patients with APS can present such a wide range of clinical symptoms that correctly diagnosing the disease is a challenge to the physicians? ²
- Do you know that antiphospholipid antibodies can cause thromboembolic conditions in virtually any organ or system in the body? ²
- Do you know that treatment for patients with APS can be simple and inexpensive? ¹



Call today to schedule your in-house demonstration, and start to make a difference in the lives of these patients.

RELISA® Cardiolipin

Antiphospholipid syndrome (APS) is an autoimmune disorder that results in the patient being in a hypercoagulable state due to the presence of anticardiolipin antibodies, anti- β 2-glycoprotein I antibodies or Lupus Anticoagulant (LAC) antibodies. For the diagnosis of APS to be confirmed the patient must have one clinical and one laboratory finding as outlined in the updated Sydney guidelines.¹

Clinical criteria include arterial, venous, or small vessel thrombosis in any tissue or organ and/or infertility due to pregnancy loss or premature births. Laboratory criteria for the diagnosis of APS include the presence of anticardiolipin antibodies, anti- β 2-glycoprotein I antibodies or Lupus Anticoagulant (LAC) antibodies.¹

Originally the laboratory criteria only included the presence of anticardiolipin antibodies or Lupus Anticoagulant (LAC) antibodies, however, in 2006 the presence of anti- β 2-glycoprotein I antibodies was added to the laboratory criteria for the diagnosis of APS. Even with this addition, the best laboratory approach for identification of APS patients remains controversial. Many agree, however, that as a minimum, testing for IgG-anticardiolipin antibodies and Lupus Anticoagulant is required.⁶

The most common clinical manifestation of APS is venous thromboembolism, occurring in over one-third of APS patients. In these patients treatment with low-molecular-weight heparin and warfarin reduces the risk of recurrent venous thrombosis by 80% to 90%.²

In cases of pregnancy morbidity due to APS (unexplained fetal death, severe preeclampsia, three or more consecutive spontaneous abortions before week 10) treatment with ultrafractionated heparin and aspirin appears to be more successful than low-molecular-weight heparin and aspirin, or aspirin alone.¹

Even with the expanded Sydney criteria, diagnosis of APS remains difficult.² Accurate detection and identification of antiphospholipid antibodies are critical first steps in establishing the proper diagnosis and treatment for patients with a history of thrombosis or pregnancy morbidity. The Immuno Concepts RELISA® family of products helps you in those vital first steps.

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7096-01 Anti-cardiolipin Screening Kit (IgG, IgM, IgA) 96 tests
7096-02 Anti-cardiolipin Semi-Quantitative Kit (IgG/IgM) 96 tests

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