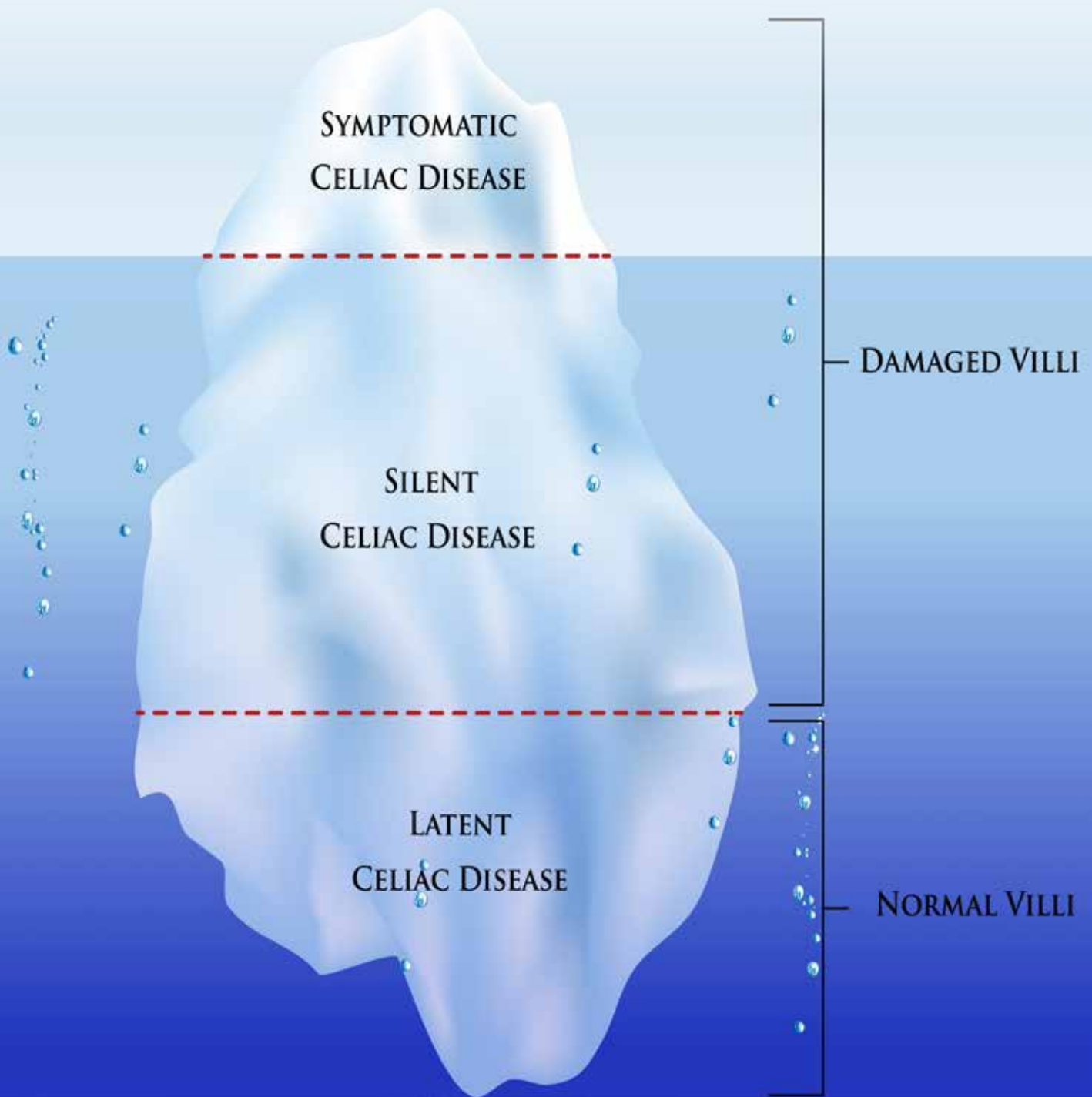


# DIAMONDIAL RAPID CELIAC TEST



# DML RAPID CELIAC TEST

DML6700

## A SIMPLE RAPID TEST FOR THE DETECTION OF anti-tTG IgA ANTIBODIES IN A FINGERTIP BLOOD SAMPLE

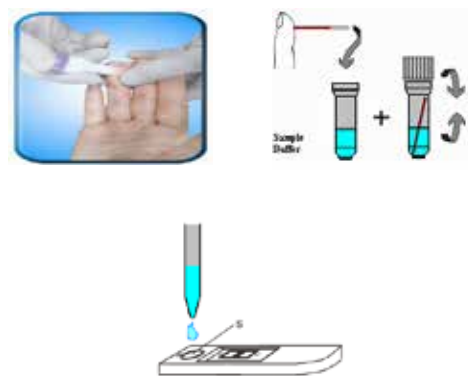
- Qualitative rapid test
- Finger-prick sample collection
- Whole blood sample
- 10 minutes protocol

## QUICK AND EASY RESULTS

With the DML Rapid Celiac Test you can determine celiac disease right at the point of care within 5-10 minutes by anti-tissue transglutaminase (tTG) antibodies from a fingertip blood sample. The test can be used by general practitioners, endoscopists, outpatient departments; dietetics and many more.

Celiac disease is an under-diagnosed condition and undetected celiac disease is common. In many cases the symptoms are mild and intermittent or atypical. Despite of mild symptoms damage to the small intestine can still occur. The DiaMondiaL Rapid Celiac Test enables improved early detection of celiac disease by facilitating testing of larger patient groups. Untreated celiac disease may lead to the development of lactose intolerance and malabsorption of nutrients promoting e.g. anemia and osteoporosis.

## TEST PROCEDURE



1. Take fingertip blood sample.
2. Add blood sample to sample buffer tube.
3. Dispense exactly 3 drops into the specimen well (S). Start the timer.
4. Read the result at 5 minutes after dispensing the sample. If unclear, read again after 10 minutes.

## SUMMARY AND EXPLANATION

Celiac disease (CD) is a serious, lifelong, gastrointestinal disorder that can cause a wide spectrum of clinical symptoms of diarrhea, abdominal distension, weight loss, malnutrition and skin disorders (Dermatitis herpetiformis) due to permanent intolerance to gluten, a complex mixture of storage proteins found in wheat, barley and rye. It was first described by Samuel Gee in 1888.

Studies have found the prevalence of CD to be highly variable from population to population and the true prevalence has been difficult to ascertain. The disparate criteria in diagnosing of CD are often the cause. If only the clinical criteria are used the incidence of CD is much lower compared with incidence established by serological methods. Using serological methods of diagnosis, the incidence of CD in the general population is app. 1 in 100.

The enzyme tissue transglutaminase (tTG) has been identified as the endomysial antigen in CD. A strong indication of CD is the presence of antibodies specific for the tTG.

### BENEFITS

- Quick results: diagnosis and reporting at one visit
- High accuracy and quality results
- Detection of patients with IgA-deficiency having 10-fold risk for celiac disease
- Its particular suitability for testing children
- Improve testing for celiac disease especially among risk groups
- Take action before symptoms of e.g. malabsorption appear
- Test also patients with mild or unusual symptoms

### RISK GROUPS

- Patients with Irritable Bowel Syndrome (IBS)
- Near relatives of persons with celiac disease
- Type I diabetics
- Patients with underactive or overactive thyroid glands
- Patients with an autoimmune disease
- Patients with selective IgA-deficiency

## READING RESULTS



	tTG	INTERPRETATION OF RESULTS
1.	+	The test indicates that there are anti-tTG IgA antibodies in the blood sample. The detection of these antibodies indicates with a high probability an existing celiac disease.
	2 lines (T+C)	
2.	-	The test indicates that there are no anti-tTG IgA antibodies in the tested blood. An existing celiac disease can virtually be ruled out. If gastrointestinal complaints are present, further medical investigation is necessary.
	1 line only (C)	



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