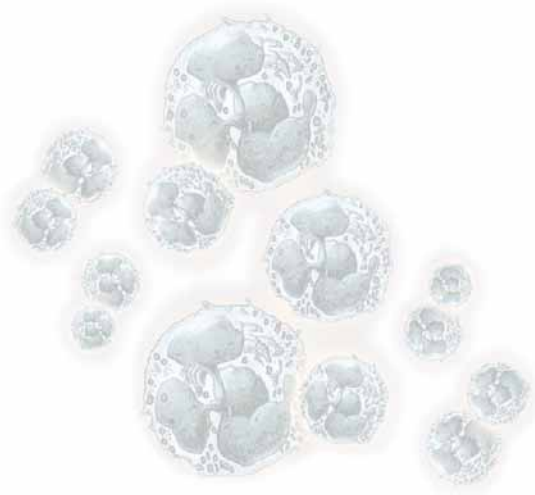


# Calprest

# CalFast



## Why Calprotectin ?

The role of faecal calprotectin as non-invasive marker of Inflammatory Bowel Disease (IBD) is today well-known. Results obtained in recent studies confirmed the usefulness of this test to define the extent of intestinal inflammation, because faecal calprotectin significantly correlates with the clinical activity of the disease. Faecal calprotectin might be used as a screening test, a sort of intestinal ESR, as it allows to select patients with inflammation to be submitted to further examinations with a better accuracy than other biochemistry tests, such as (ESR, PCR).

Faecal calprotectin is increased in more than 95% IBD patients. Thanks to its elevated negative predictive value, calprotectin allows to differentiate IBD from IBS patients. Detection of faecal Calprotectin has an important role also in the neonatal and pediatric fields. Concentration of calprotectin in IBD paediatric patients is more reliable than other subjective parameters and has higher sensitivity and specificity values than other laboratory index. Furthermore, IBD patients in clinical and histologic remission have normal levels of calprotectin. This aspect indicates that faecal calprotection might be used in monitoring patients in clinical remission instead of expensive and unpleasant endoscopic tests presently used.

**Calprest** and **CalFast** are quantitative non invasive methods for the determination of Calprotectin in stool samples. In association with clinical findings, the determination of Calprotectin can be used to identify inflammation of the intestinal mucosa in patients with organic disease of the small intestine or large bowel. The test can be used in the in vitro diagnosis and follow-up of patients affected by Inflammatory Bowel Disease (**IBD**), Irritable Bowel Syndrome (**IBS**) as well as for surveillance of high risk CRC patients.

## Non-invasive marker of intestinal inflammation

### CalFast

CalFast is a rapid immunoassay for the quantitative determination of faecal calprotectin. The test takes 15 minutes and provides with quantitative results by means of a dedicated reader. The stool sample is collected and extracted using the Eurospital Stool collecting Device. The extract must be diluted and 3 drops are then placed in the sample spot in the cassette. Results are available after 15 minutes.

### Calprest

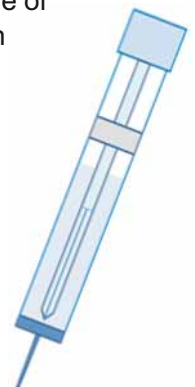
Calprest is an enzyme immunoassay for the quantitative detection of faecal calprotectin in stool samples. The same sample extract prepared for CalFast can be used thus avoiding to repeat the extraction step. Then the sample is diluted and submitted to the standard ELISA procedures.

Results for both test are expressed in mg/kg of calprotectin thus providing a quantitative result which allows screening, diagnosis and follow up procedures.

### Stool Collection Device

The Stool Collection Device allows a simpler and faster sample preparation. The volume of the extract is more than enough for both rapid and standard tests.

**Easy, quick, clean**



## One Sample, One Extraction, Two Results

### Eurospital's Flow Chart

#### Patient

with clinical signs and symptoms common to a large number of functional disorders of gastroenterological nature (chronic inflammatory bowel diseases, irritable intestine syndrome, post-enteral diarrhoea, recurrent abdominal pain, etc.)



#### CalFast



Negative  
STOP



Positive



#### Calprest



Positive



Negative  
STOP

**If the following conditions can be excluded:**

- inflammation of the intestinal mucosa induced by intestinal infections (stool culture)
- presence of adenomas and CRC
- NON-gastroenterological diseases with severe and ascertained IBD inflammation



**IBD**

Products

#### Calprest

Code 9031  
96 test

#### CalFast

Code 9191  
20 test

#### Stool Collection Device

Code 9062  
100 units