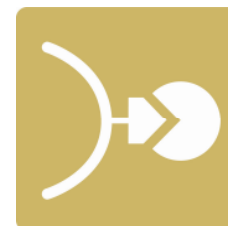


17-OH-Progesterone ELISA

For serum, plasma and saliva



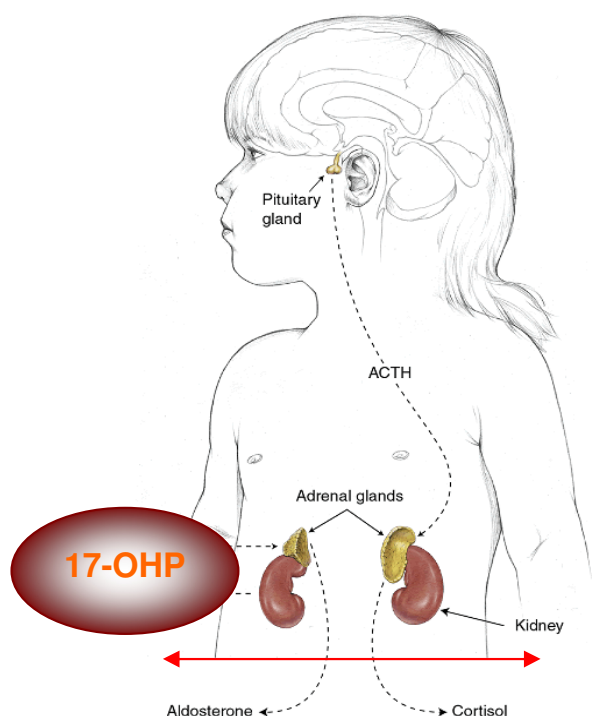
Congenital adrenal hyperplasia (CAH) is one of the most frequent inborn endocrine disorders with a **prevalence of around 1-20 in 10,000 children**. CAH is characterized by deficient cortisol biosynthesis caused by various enzyme deficiencies.

The spectrum of clinical presentations ranges from **forms with neonatal symptoms**, i.e. salt wasting and simple virilizing forms, **to nonclassical forms that might not manifest until adulthood**.

The **most suitable biochemical marker** for the diagnosis of CAH is **17-OH-progesterone (17-OHP)**. Measuring this steroid enables early diagnosis and treatment in patients suffering from CAH.

17-OHP is secreted in abundant excess in affected infants due to 21-hydroxylase deficiency.

Female patients with **late-onset CAH (LOCAH)** usually have 17-OHP concentrations above the reference interval for the follicular phase of the menstrual cycle.

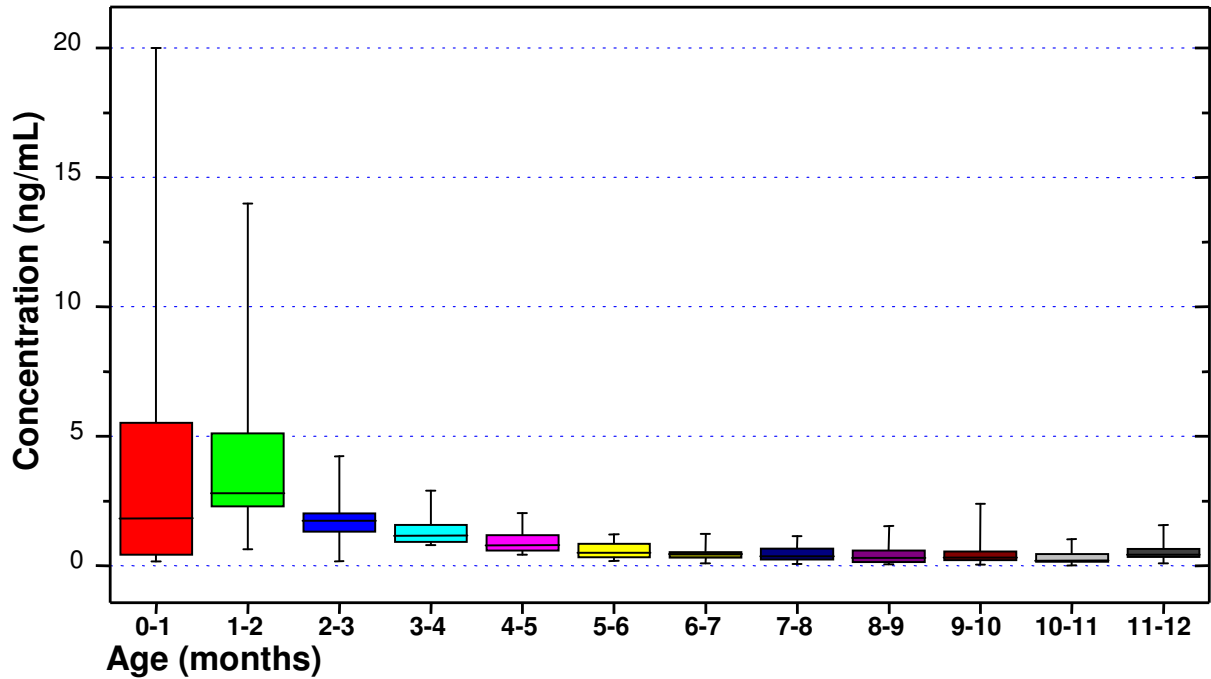


Advantages of our serum 17-OH-Progesterone ELISA

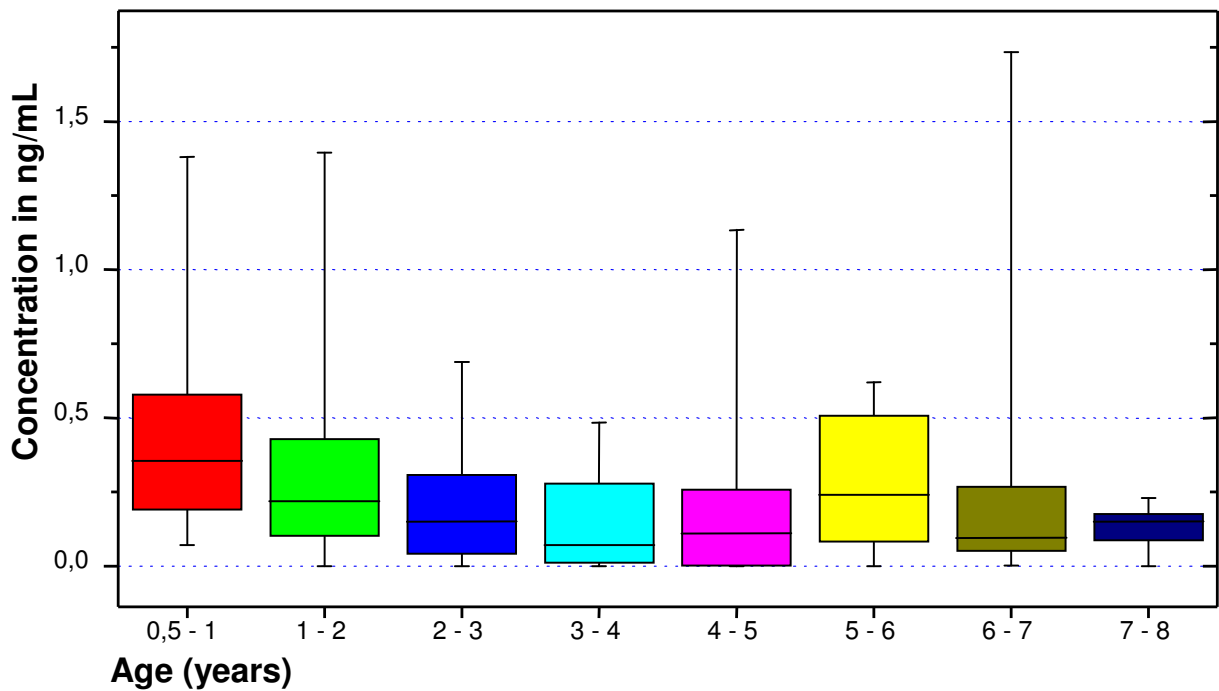
- **Excellent analytical characteristics**
- **Age dependant reference ranges for children**
- Serum, plasma ELISA: **CE Approved, 510(k) exempt**
- **Easy to adapt to automated instruments (DSX, BEP2000, Triturus, Etimax...).**

Cat. No.: **RE52071**

17-OH-Progesterone in 195 sera of small children



17-OH-Progesterone in 139 sera of children



Assay characteristics

Analytical sensitivity:	0.03 ng/mL	
Analytical specificity:	17 α -OH-Pregnenolone	1.7%
(cross-reactivity)	11-Desoxy-Cortisol	1.3%
	Desoxy-Corticosterone	0.1%
Intra-assay cv:	2.8-4.9%	at 2.4-11.4 ng/mL
Inter-assay cv:	5.8-9.2%	at 0.2-5.7 ng/mL