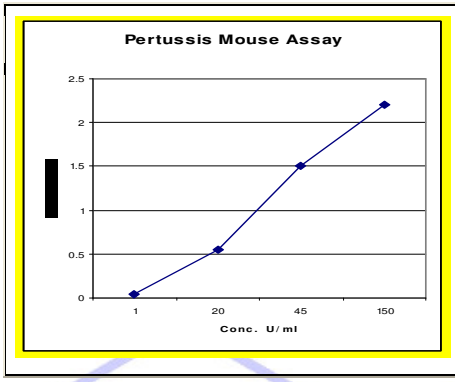
ALPHA DIAGNOSTIC INTERNATIONAL

Monkey Anti-Poliomyelitis IgG ELISA Kit, Cat# 970-150-PMG

Monkey Anti-Poliomyelitis IgG ELISA kit | Quantitative | **Standards 0 -150 u/ml** | **Sample**=100 ul (diluted); **105 min** assay



Monkey Anti- Poliomyelitis IgG ELISA Kit Features

- Poliomyelitis antigen Pre-coated, stabilized, ready-to-use 96-well strip plate, suitable for multiple runs over 6-9 months.
- Convenient Positive and Negative serum Controls, which can be used to make 800, 400, 200, 100, 50, 25, and 0 U/ml standards.
- 100ul samples diluted 1:101 or more;
- 105 min room temp assay, 3 incubation steps,;
- Contains all necessary reagents. Stability ~12 months

This kit is for measuring anti-Poliomyelitis IgG in monkey serum or plasma samples. For in vitro research use only.

Assay Procedure: Allow all reagents to reach room temperature. Arrange and label required number of strips.

Step 1. Pipet **100 ul each** of pre-diluted standards, samples (diluted 1:101 or more). Mix gently and incubate at room temp for **60 min.**
Step 2. **Aspirate and wash** 5X. **Add 100 ul of antibody-HRP** Conjugate to all wells, mix gently and incubate at room temp for **30 min.**
Step 3. **Aspirate and wash** 5X. Add **100 ul of TMB Substrate** solution to all wells, mix gently, and incubate at room temp for **15 min.**
Step 4. Pipet **100 ul of stop solution** into each well and mix gently (blue color turns yellow). **Measure absorbance at 450 nm**. Determine antibody concn in each sample using the standards (results are expressed in units/ml).

Interpretation of Results

Negative: <18 u/ml Equivocal: 18-22 u/ml; Positive: >22

Performance Characteristics

Negative sample= A450 values equal to less than the negative control; Positive= A450 values higher the –ve values
Positive control has been arbitrarily assigned 800 U/ml. It can be serially diluted (800, 400, 200, 100, 50, 25 U/ml) for measuring the anti-toxoid IgG in units/ml.

General Information

Poliomyelitis, often called polio or infantile paralysis, is an acute viral infectious disease spread from person to person, primarily via the fecal-oral route. Although around 90% of polio infections cause no symptoms at all, affected individuals can exhibit a range of symptoms if the virus enters the blood stream. In about 1% of cases the virus enters the central nervous system, preferentially infecting and destroying motor neurons, leading to muscle weakness and acute flaccid paralysis. Different types of paralysis may occur, depending on the nerves involved. Spinal polio is the most common form, characterized by asymmetric paralysis that most often involves the legs. Bulbar polio leads to weakness of muscles innervated by cranial nerves. Bulbospinal polio is a combination of bulbar and spinal paralysis

The term poliomyelitis is used to identify the disease caused by any of the three serotypes of poliovirus. Two basic patterns of polio infection are described: a minor illness which does not involve the central nervous system (CNS), sometimes called abortive poliomyelitis, and a major illness involving the CNS, which may be paralytic or non-paralytic. In most people with a normal immune system, a poliovirus infection is asymptomatic. The virus enters the central nervous system in about 3% of infections. Most patients with CNS involvement develop non-paralytic aseptic meningitis, with symptoms of headache, neck, back, abdominal and extremity pain, fever, vomiting, lethargy and irritability. Approximately 1 in 200 to 1 in 1000 cases progress to paralytic disease, in which the muscles become weak, floppy and poorly controlled, and finally completely paralyzed; this condition is known as acute flaccid paralysis. Depending on the site of paralysis, paralytic poliomyelitis is classified as spinal, bulbar, or bulbospinal. Encephalitis, an infection of the brain tissue itself, can occur in rare cases and is usually restricted to infants. It is characterized by confusion, changes in mental status, headaches, fever, and less commonly seizures and spastic paralysis.

A laboratory diagnosis is usually made based on recovery of poliovirus from a stool sample or a swab of the pharynx. Antibodies to poliovirus can be diagnostic, and are generally detected in the blood of infected patients early in the course of infection. Analysis of the patient's cerebrospinal fluid (CSF), which is collected by a lumbar puncture ("spinal tap"), reveals an increased number of white blood cells (primarily lymphocytes) and a mildly elevated protein level. Detection of virus in the CSF is diagnostic of paralytic polio, but rarely occurs.

Two types of vaccines are used throughout the world to combat polio. The first is Salk vaccine, or inactivated poliovirus vaccine (IPV), is based on poliovirus grown in a type of monkey kidney tissue culture (Vero cell line), which is chemically inactivated with formalin. Subsequently, Albert Sabin developed another live, oral polio vaccine (OPV). It was produced by the repeated passage of the virus through non-human cells at sub-physiological temperatures.
The ADI's monkey Poliomyelitis IgG ELISA Kit is an immunoassay suitable for detecting IgG in serum, plasma or other biological fluids.

Related ELISA kits

970-100-PHG	Human Anti-Poliomyelitis Virus 1-3 IgG ELISA Kit	970-130-PRG	Rabbit Anti-Poliomyelitis Virus 1-3 IgG ELISA Kit
970-140-PRM	Rabbit Anti-Poliomyelitis Virus 1-3 IgM ELISA Kit		

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Alpha Diagnostic Intl Inc., 6203 Woodlake Center Dr, San Antonio, TX 78244, USA; **Email**: service@4adi.com
☎ (800) 786-5777; (210) 561-9515; Fax: (210) 561-9544; Web **Site**: www.4adi.com