ARG83055
Coxiella burnetii / Q Fever Phase 1 IgG antibody ELISA Kit

Package: 96 wells
Store at: 4°C

Summary

Product Description	ARG83055 Coxiella burnetii / Q Fever Phase 1 IgG antibody ELISA Kit is an enzyme immunoassay kit for the qualitative Coxiella burnetii (Q-Fever) Phase 1 in human serum or plasma (citrate, heparin).
Tested Reactivity	Hu
Tested Application	ELISA
Target Name	Coxiella burnetii / Q Fever
Conjugation	HRP
Conjugation Note	Substrate: TMB and read at 450 nm.
Sensitivity	diagn. 100 %
Detection Range	Cut-off
Sample Type	serum, plasma (citrate, heparin)
Sample Volume	100 µl
Alternate Names	Q fever, Coxiella burnetii, C. burnetii

Application Instructions

Assay Time	~2 hours

Properties

Form	96 well
Storage instruction	Store the kit at 2-8°C. Keep microplate wells sealed in a dry bag with desiccants. Do not expose test reagents to heat, sun or strong light during storage and usage. Please refer to the product user manual for detail temperatures of the components.
Note	For laboratory research only, not for drug, diagnostic or other use.

Bioinformation

Background	The reference standard test for the serologic diagnosis of acute Q fever is the indirect immunofluorescence antibody (IFA) using C. burnetii antigen, performed on paired serum samples to demonstrate a significant (fourfold or more) rise in antibody titers. The first sample should be taken as early in the disease as possible, preferably in the first week of symptoms, and the second sample should be taken 3 to 6 weeks later. In most cases of Q fever, the first IgG IFA titer is typically low, or “negative,” and the second typically shows a fourfold or greater increase in IgG antibody levels. A negative test during the first week of illness does not rule out Q fever as a cause of illness. There are two distinct antigenic phases (phase I and phase II) to which humans develop antibody responses. In acute infection, an antibody response to C. burnetii phase II antigen is predominant and is higher than antibody levels to phase I antigen; the reverse is true in chronic infection which is associated with a rising phase I IgG titer that may be higher than phase II IgG. IgM antibodies usually rise at the same time as IgG, near the end of the first week of illness, and remain elevated for months or longer and therefore provide limited diagnostic value on their own.

Furthermore, IgM antibodies are less specific than IgG antibodies and more likely to result in a false positive. For these reasons, physicians requesting IgM serologic titers should also request concurrent IgG titers.

Highlight