



Applications

- Differentiates inflammatory bowel diseases (IBD) from irritable bowel syndrome (IBS)
- Monitoring of mucosal healing with IBD patients
- Predict the course of disease activity and risk of relapse in IBD

Sampling made easy

- Consistency of the feces does not affect the result
- Only a small amount of sample required
- Easy handling with hygienic extraction tubes which helps reduce processing time.

Straightforward analysis

- Wide assay range with only one dilution 25 – 2500 ug/g in feces
- Proven ELISA technology, support for both automated and manual analysis methods
- Validated results from a proven assay



Not available in the United States. In Japan for research use only.
Check availability for other markets.

BIOHIT Calprotectin



Ordering details:

REF	Product
602260	BIOHIT Calprotectin, 96 wells
602270	BIOHIT Extraction tubes, 50 pcs

Contact our team for more information.



Biohit Oyj
Laippatie 1, 00880 Helsinki, Finland
Tel. +358 9 773 861
info@biohit.fi

www.biohithealthcare.com

BIOHIT Calprotectin

ELISA test for non-invasive detection and monitoring of intestinal inflammation



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BIOHIT
Innovating for Health

Accurate test for measuring human calprotectin

BIOHIT Calprotectin is a quantitative test which provides a reliable differentiation between inflammatory bowel diseases (IBD) and irritable bowel syndrome (IBS). Patients suffering from either IBS or IBD may experience similar symptoms and a clinical examination alone may not be sufficient to give a specific diagnosis.

With BIOHIT Calprotectin, the distinction between IBS and IBD can be made non-invasively and inexpensively from a stool sample, because calprotectin in stools is a reliable and validated marker of intestinal inflammation.

BIOHIT Calprotectin can also be used for monitoring disease activity and response to treatment in patients with IBD.

“Differentiates inflammatory bowel diseases (IBD) from irritable bowel syndrome (IBS).”

Short outline of the extraction using the BIOHIT extraction tubes

1. After equilibrating the tubes to room temperature open the tube and remove the white stick (Figure 1).

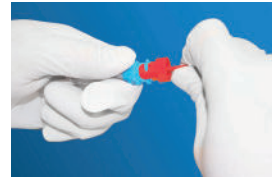


Figure 1

2. Dip the stick into the stool sample in three different places.



3. Replace the white stick into the tube closing it tightly (Figure 2).



Figure 2

4. Vortex the assembled tube vigorously for about three minutes to disrupt large particles (Figure 3).

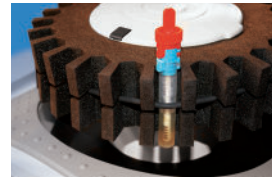


Figure 3

5. Allow particles to settle by standing the tube on the bench for a couple of minutes (Figure 4). Extracts can be stored in the extraction tube at 2 to 8°C for up to five days or frozen below -20°C for up to two years.



Figure 4

6. The extract is now ready for dilution according to the Instructions for Use. A more detailed description of the sample extraction procedure can be found in the BIOHIT Extraction Tubes IFU.

Interpretation of the results

The following calprotectin values in stool samples have been reported in the published literature^{1, 2}:

Normal value	5-50 ug/g
Positive value	>50 ug/g
Median value in patients with symptomatic colorectal cancers	350 ug/g
Active symptomatic inflammatory bowel disease	200-40 000 ug/g

Note that a diagnosis should not be established based on a single test result. Diagnosis should take into consideration clinical history and symptoms.

Literature

1. Johne B et al: A new fecal calprotectin test for colorectal neoplasia. Scand J Gastroenterol 2001; 36: 291-296.
2. Johne B et al.: Functional and clinical aspects of the myelomonocytic protein calprotectin. J Clin Pathol: Mol Pathol 1997; 50:113-123.
3. Tibble J, Teahon K, Thjodleifsson B, Roseth A, Sigthorsson G, Bridger S, Foster R, Sherwood R, Fagerhol M, Bjarnason I. A simple method for assessing intestinal inflammation in Crohn's disease. Gut 2000;47:506-513.
4. Tibble J, Sigthorsson G, Foster R, Sherwood R, Fagerhol M, Bjarnason I. Faecal calprotectin and faecal occult blood tests in the diagnosis of colorectal carcinoma and adenoma. Gut 2001; 49:402-408.
5. Tibble JA, Bjarnason I. Non-invasive investigation of inflammatory bowel disease. World J Gastroenterol 2001;7:460-465.
6. Tibble JA, Sigthorsson G, Bridger S, Fagerhol M, Bjarnason I. Surrogate markers of intestinal inflammation are predictive of relapse in patients with quiescent inflammatory bowel disease. Gastroenterol 2000;119:15-22.
7. Tøn H. Improved assay for fecal calprotectin. Clinica Chimica Acta 2000;292:41-54.