



Product specifications:

Sample: urine / stool

Test principle: immunological lateral flow test / ELISA

Kit components iVYCHECK

Stool:

- Extraction Solution_iVYC
- Extraction Tube_iVYC (sampling device)
- Stick Dilution Solution_iVYC
- iVYCHECK Stick with plastic pipette (test cassette pouch)

Urine:

- Conditioning Solution
- iVYCHECK Stick with plastic pipette (test cassette pouch)

Storage: 15 to 30°C (iVYCHECK, rapid test)
4 to 8°C (iVYLISA, ELISA)

Test results: 15 to 30 minutes

Gluten Immunogenic Peptide (GIP) tests

RESULTS IN



Ordering details:

REF	Product	
For laboratory and professional use		
KT-5737	iVYCHECK GIP Stool test. Rapid test.	25 tests
KT-6411	iVYCHECK GIP Urine test. Rapid test.	25 tests
KT-5739	iVYLISA GIP Stool test. ELISA	96 wells



Contact our team for more information.



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Gluten Immunogenic Peptide (GIP) tests

Detecting gluten intake with confidence



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Gluten Immunogenic Peptide (GIP) tests

A reliable biomarker for monitoring gluten-free diet adherence and intestinal recovery

Gluten Immunogenic Peptides (GIP) are fragments of gluten which are resistant to gastrointestinal digestion. These peptides trigger a series of immune reactions in celiac patients. The resistance of GIP to gastrointestinal digestion results in significant levels of GIP excretion post gluten ingestion and therefore the presence of GIP in stool and urine samples is a reliable and direct marker for the accurate short and long-term control of a gluten-free diet (GFD).

Immunoassays based on G12 and A1 monoclonal antibodies, which react to 33-mer-like peptides of α -gliadin, the most immunogenic fragment of gluten, enable very specific and sensitive detection of GIP in stool and urine samples as a direct marker of gluten ingestion.

The frequency of positive GIP results also correlates with the level of mucosal damage, with a triple-positive result showing an 83% probability of Marsh II-III status. Conversely, patients who present a triple GIP negative result have a lower probability of intestinal damage (3%) compared to those with negative serology results (16%). This demonstrates that the use of GIP testing is key to achieving a level of GFD adherence which should allow intestinal recovery.

How to use GIP tests

The GIP test is available in two formats; for urine or stool samples. According to recent clinical studies, when three urine samples are measured throughout the week and the result is negative, there is more than a 97% chance that the intestine is in good condition. Similarly, two negative stool tests in a week would indicate good compliance with the gluten-free diet.

GIP in urine:

Collect and test 3 urine samples, preferably including one from the weekend, taking the first urine in the morning or the last urine of the day.



GIP in stool:

Collect and test 2 stool samples over a week with 3-4 days between them.



Applications

- ✓ For the follow-up of gluten-free diets in celiac and non-celiac gluten sensitivity.
- ✓ When symptoms have not been completely eliminated after following a gluten-free diet.
- ✓ During the first months after diagnosis to verify good dietary habits.
- ✓ To evaluate gluten intake during Celiac Disease follow-up and Refractory Celiac Disease diagnosis.
- ✓ To prove gluten-free diet adherence or gluten challenge intake in clinical trials.

Literature

1. Comino I, et al. 2016. Fecal Gluten Peptides Reveal Limitations of Serological Tests and Food Questionnaires for Monitoring. Gluten-Free Diet in Celiac Disease Patients. *Am J Gastroenterol*, 111(10):1456-1465.
2. Moreno M, et al., 2017. Detection of gluten immunogenic peptides in the urine of patients with coeliac disease reveals transgressions in the gluten-free diet and incomplete mucosal healing. *Gut*. 66(2):250-257.
3. Ludvigsson J, et al. 2018. Outcome measures in coeliac disease trials: the Tampere recommendations. *Gut*. 67(8): 1410-1424..
4. Ruiz-Carnicer A, et al. 2020. Negative predictive value of the repeated absence of gluten immunogenic peptides in the urine of treated celiac patients in predicting mucosal healing: new proposals for follow-up in celiac disease. *Am J Clin Nutr*, 112(5):1240-1251.