



An effective treatment begins by knowing the causative agent

# Pneumoslides IgM

The multitest solution to **atypical pneumonia** serological diagnosis

Indirect immunofluorescence assay to simultaneously detect antibodies against the main viruses and bacteria causing atypical pneumonia in serum samples

## PRODUCT FEATURES

- Simultaneous detection of the 9 microorganisms most frequently associated with atypical pneumonia.
- Complete kits including all the necessary reagents to perform the technique. Ready-to-use product.
- Detects viruses and bacteria: adenovirus, RSV, influenza A, influenza B, parainfluenza 1, 2 and 3, *Legionella pneumophila* sg 1, *Mycoplasma pneumoniae*, *Coxiella burnetii* and *Chlamydomphila pneumoniae*.
- Cell control well in each slide.
- MIF assay for more specific results in *C. pneumoniae*.
- Incubation times and temperatures according to the worldwide scientific consensus.
- Easy results reading.



PNEUMOSLIDE IgM (Ref. NSLIDEM) 10 Tests



# Pneumoslido IgM

## The multitest solution to atypical pneumonia serological diagnosis

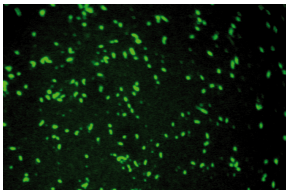
### Atypical pneumonia

Atypical pneumonia is a lung infection caused by atypical organisms (other than *Streptococcus pneumoniae*, *Haemophilus influenzae* and *Moraxella catarrhalis*). These **atypical organisms** include mainly bacteria and viruses such as *Legionella pneumophila* sg 1, *Mycoplasma pneumoniae*, *Coxiella burnetii*, *Chlamydomphila pneumoniae*, adenovirus, respiratory syncytial virus, influenza and parainfluenza. As the conditions caused by these agents have different courses and respond to

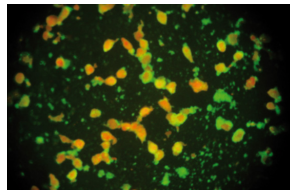
different treatments, the identification of the specific causative pathogen is very important.

Atypical pathogens are responsible for 30-40% of cases and may be copathogens in other cases. Even with a knowledge of some of the common characteristics of infections with atypical organisms, determining the specific pathogen on the basis of clinical, radiologic, and laboratory findings is difficult and usually done retrospectively, if at all.

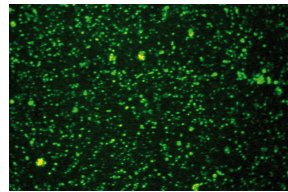
Indirect methods can establish a clinical diagnosis in the absence of isolation of the microorganism from the sample or detection of its antigens or acids nucleic. In viral infections (RSV, Adv, InfA, InfB, Para) Pneumoslido IgM has proved to be a very useful technique in children, as this population develops primo-infection. Furthermore, when diagnosing bacterial infections (Leg, Myc, Cox, Chl), Pneumoslido IgM is useful in both children and adult population as primary infection may occur at any time in life.



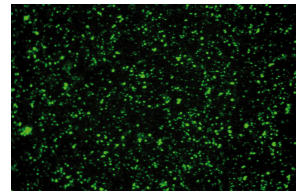
1. *Legionella pneumophila* sg 1



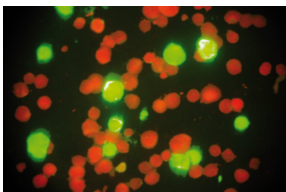
2. *Mycoplasma pneumoniae*



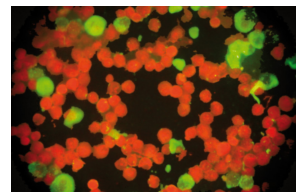
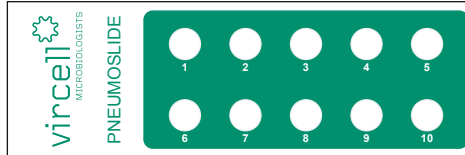
3. *Coxiella burnetii*



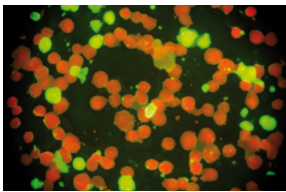
4. *Chlamydomphila pneumoniae*



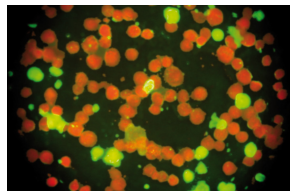
5. Adenovirus



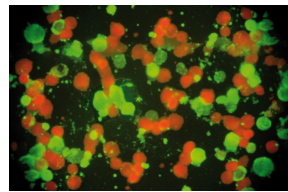
6. Respiratory syncytial virus



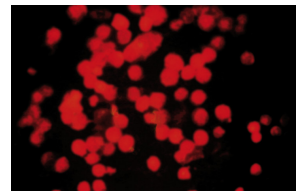
7. Influenza A



8. Influenza B



9. Parainfluenza 1, 2 and 3



10. Cell control

### Ordering information and related products

Reference	Description	Pack size
NSLIDEM	PNEUMOSLIDE IgM Adenovirus, RSV, Influenza A, Influenza B, Parainfluenza 1, 2 and 3, <i>Legionella pneumophila</i> sg 1, <i>Mycoplasma pneumoniae</i> , <i>Coxiella burnetii</i> and <i>Chlamydomphila pneumoniae</i>	10 tests
NSLIDEG	PNEUMOSLIDE IgG Adenovirus, RSV, Influenza A, Influenza B, Parainfluenza 1, 2 and 3, <i>Legionella pneumophila</i> sg 1, <i>Mycoplasma pneumoniae</i> , <i>Coxiella burnetii</i> and <i>Chlamydomphila pneumoniae</i>	20 tests
NBACT	PNEUMOBACT <i>Legionella pneumophila</i> sg 1, <i>Mycoplasma pneumoniae</i> , <i>Coxiella burnetii</i> , <i>Chlamydomphila pneumoniae</i> and <i>Chlamydomphila psittaci</i>	20 tests