

An effective treatment begins by knowing the causative agent

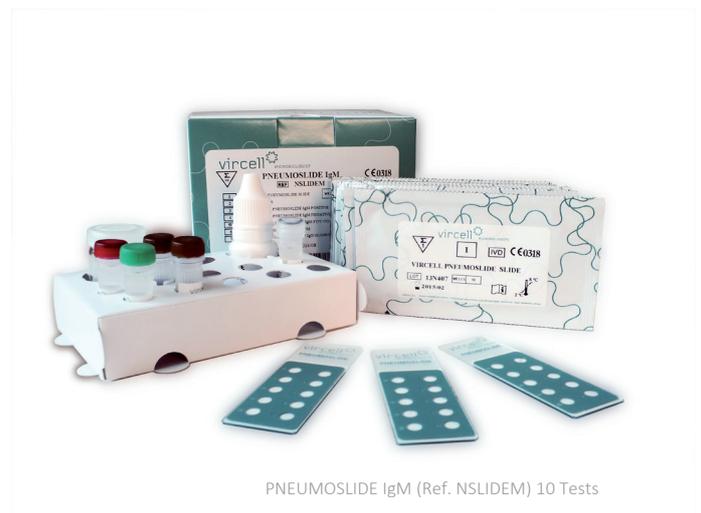
Pneumoslide IgM

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 **9 microorganisms**: 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*
- Complete kits **including all the necessary reagents** to perform the technique.
- **Easy results reading** in fully coated separate wells



PNEUMOSLIDE IgM (Ref. NSLIDEM) 10 Tests

Pneumoslide 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 illnesses caused by these agents have different courses and respond to different treatments, the identification of

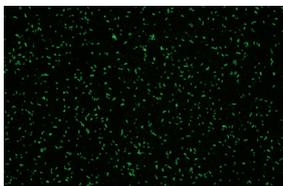
the specific causative pathogen is very important.

Atypical pathogens are responsible for 30-40% of pneumonia cases and may be copathogens in other cases. Even knowing the common features of these infections, determining the specific pathogen on the basis of clinical, radiological and laboratory findings is difficult and usually done retrospectively, if at all.

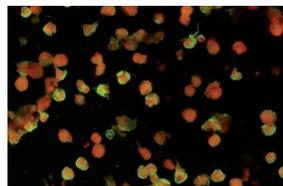
Pneumoslide IgM benefits

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.

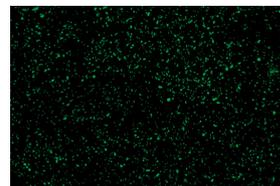
In viral infections (RSV, Adv, InfA, InfB, Para) Pneumoslide IgM has proved to be a very useful technique in children, as this population develops primo-infection. Furthermore, when diagnosing bacterial infections (Leg, Myc, Cox, Chl), Pneumoslide IgM is useful in both children and adult population as primary infection may occur at any time in life.



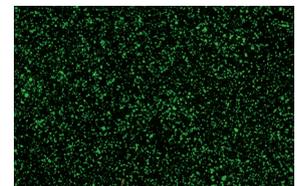
1. *Legionella pneumophila* sg 1



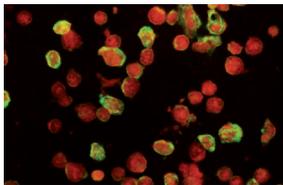
2. *Mycoplasma pneumoniae*



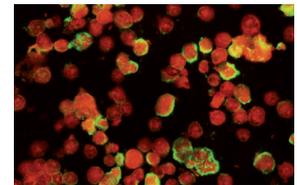
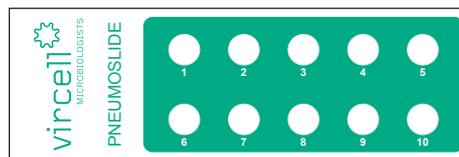
3. *Coxiella burnetii*



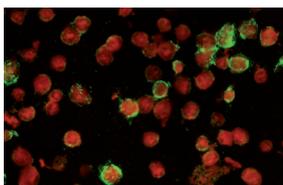
4. *Chlamydomphila pneumoniae*



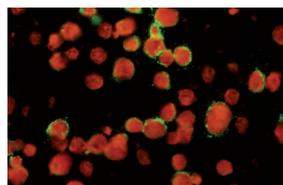
5. Adenovirus



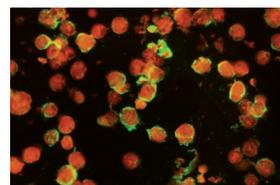
6. Respiratory syncytial virus



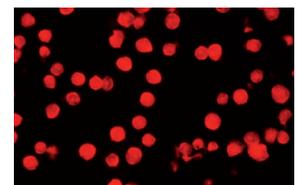
7. Influenza A



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