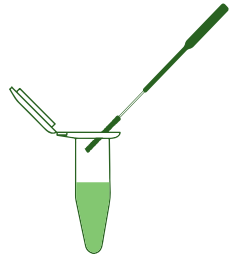


Biomaterial	<ul style="list-style-type: none"> • urogenital swabs • rectal swabs
Equipment	<ul style="list-style-type: none"> • DTLite or DTprime • CFX96 (Bio-Rad) • Applied Biosystems QuantStudio 5 (Life Technologies)
Analytical sensitivity	5 copies of DNA per amplification tube
Time of analysis	From 30 minutes (without sample preparation)
Number of samples	48 tests, including control samples



Biomaterial collection and sample preparation







Loop-mediated isothermal amplification with real-time results detection

Specialized software – automatic result interpretation



+2 °C ...+ 8 °C
-18 °C ...-22 °C
12 months

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 **DNA-TECHNOLOGY**

INFECTIONS

GBS LAMP
reagent kit for detection
of *Streptococcus agalactiae*
DNA by loop-mediated
isothermal amplification

The GBS LAMP Detection Kit is intended for *Streptococcus agalactiae* (group B streptococcus) DNA detection in human biological samples by loop-mediated isothermal amplification



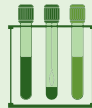
Rapid diagnosis of GBS infection in laboring women



Reagents for sample preparation are included



High-speed testing



Biomaterial: urogenital swabs, rectal swabs



Fluorescent-labeled probes are used for real-time detection

What is *Streptococcus agalactiae*?

It is a facultative-anaerobic Gram-positive bacterium that belongs to the genus *Streptococcus*, group B of Lancefield classification of streptococci, family *Streptococcaceae*.

S. agalactiae detection is important

Streptococcus agalactiae or group B streptococcus (GBS) colonizes the human gastrointestinal and genitourinary tracts and can cause infectious process in pregnant women and newborns.

In pregnant women *S. agalactiae* can cause septic infections by entering the uterine cavity, amniotic fluid, uterine incisions after cesarean section or the urinary tract.

In newborns *S. agalactiae* is a frequent reason of early neonatal infections and can cause severe diseases including bacteremia, pneumonia, sepsis.

The main risk factor in developing GBS invasive neonatal disease is maternal vaginal/rectal colonization of GBS during childbirth.

Up to 40% of pregnant women present GBS colonization, and 1 to 2% of newborns may develop infection by this microorganism.

Potential complications of GBS infection

In newborns

Sepsis
Meningitis
Pneumonia
Osteomyelitis
Arthritis
Pyelonephritis

In pregnant women

Preterm childbirth
Spontaneous abortions
Premature release of amniotic fluid
Early neonatal sepsis
Urinary tract infections
Chorioamnionitis during labor
Postpartum endometritis

When should testing for colonization with GBS be prescribed?

Given the high probability of a newborn infection and the risk of postpartum complications in a mother, the CDC (Center for Diseases Control) recommends that pregnant women should be screened for *S. agalactiae* colonization at 35-37 weeks of gestation. In case of presence of risk factors screening should be provided at any other time of pregnancy.

Detection in pregnant or laboring women in the absence of a previous screening is essential to initiate intrapartum antibiotic prophylaxis.

The GBS LAMP Detection Kit could be used in case of emergency when a quick result is needed.

