certest
IMMUNODIAGNOSTIC

Rapid Test

Calprotectin:
a powerful endogenous biomarker of intestinal inflammation

Inflammatory & Tumor Makers

Calprotectin is a calcium- and zinc-binding protein complex predominantly found in neutrophils and monocytes. When the intestinal mucosa is inflamed, massive neutrophil migration and activation lead to the release of calprotectin into the gut lumen and, consequently into faeces.

Because calprotectin is resistant to bacterial degradation in faeces, it remains stable at room temperature and serves as a robust non-invasive marker of gut inflammation.

Unlike exogenous tracers or invasive procedures, calprotectin is a endogenous (body-derived) molecule whose elevated presence in faeces signals neutrophil-mediated gut inflammation. This makes it an efficient tool for monitoring gut health without the invasiveness of endoscopy. It is particularly useful for repeated assessments, monitoring remission/relapse in IBD, and guiding clinical decision-making.

The global incidence of **Inflammatory Bowel Disease (IBD)** — encompassing Crohn's Disease and Ulcerative Colitis — has been steadily **increasing over the past decades,** particularly in newly industrialized regions of Asia, South America, and Eastern Europe.

Recent estimates suggest that **more than 7 million people worldwide** are affected, with annual incidence rates ranging from **6–30 cases per 100,000 inhabitants** in Western countries and showing a **rapid upward trend** in developing nations due to changing lifestyles, diet, and microbiome-related factors.

This growing burden underscores the importance of **non-invasive biomarkers such as faecal calprotectin** for early diagnosis, disease monitoring, and healthcare cost reduction.

Clinical significance & applications

- Faecal calprotectin (FC) is strongly correlated with endoscopic activity in **Inflammatory Bowel Disease (IBD)** — both **Ulcerative Colitis and Crohn's Disease** — and is widely used to differentiate between inflammatory vs. functional gastrointestinal disorders.
- The marker is increasingly being researched beyond gastroenterology – e.g., its levels in faeces or plasma have been studied in **renal disease, autoimmune disorders and systemic inflammation.**

CAUSE

- Neutrophil migration into gut mucosa & neutrophil activation (release of calprotectin).
- Stable marker in faeces (resistant to degradation).
- Functional GI disorder (e.g., IBS) rather than inflammatory disease.

EFFECT / CLINICAL RELEVANCE

- Elevated faecal calprotectin (active intestinal inflammation (e.g., IBD)).
- Non-invasive monitoring of disease activity and treatment response.
- Normal or low calprotectin (may avoid invasive diagnostics).

Your Laboratory Solutions for Calprotectin

Calprotectin Rapid Test
(Immunochromatographic)

A fast, easy-to-use professional IVD rapid assay for the semi-quantitative detection of calprotectin in human faecal samples.

- **Results in minutes** — ideal for small labs.
- **No need for complex instrumentation.**
- **Facilitates quick decision-making** (e.g., screening patients with suspected IBD vs functional disorder).
- **Complements more quantitative lab methods for follow-up and monitoring.**

Our tests:

Calprotectin
(20 test cassettes with faecal vials)

Ref.: CP820001F

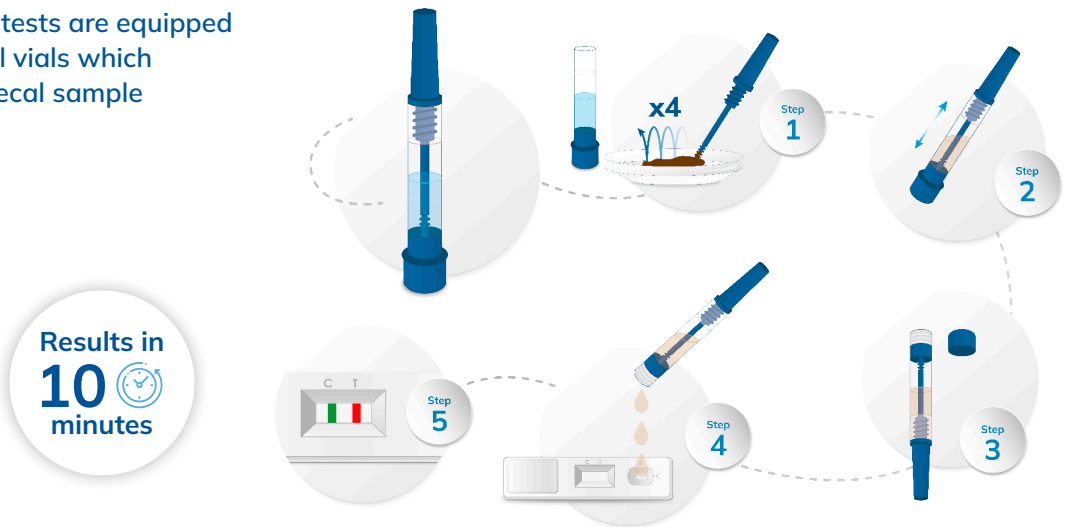
Calprotectin + Lactoferin
(20 test cassettes with faecal vials)

Ref.: CL882001F

FOB + Transferrin + Calprotectin + Lactoferrin
(20 test cassettes with faecal vials)

Ref.: FC862001F

Our cut-off tests are equipped with special vials which facilitates fecal sample collection.



Results in 10 minutes

- Non invasive diagnostic
- All included. No additional equipment needed
- Low operational costs
- Ease of use and interpretation
- Immediate results

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