

References

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National Customer Care: ☎ 011-3988-5050

Corporate Office: 12th Floor, Tower B, SAS Tower, Medicity, Sec- 38, Gurgaon- 122 001, Haryana
Tel: 0124- 3016 500 | Fax: 0124- 42344668

National Reference Lab: Sector-18, Block-E, Rohini, New Delhi- 110 085

www.lalpathlabs.com

doctorfeedback@lalpathlabs.com

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Dr. Lal PathLabs Limited is preparing, subject to receipt of requisite approvals, market conditions and other considerations, to make an initial public offering of its equity shares and has filed a draft red herring prospectus dated September 12, 2015 ("DRHP") with the Securities and Exchange Board of India ("SEBI"). The DRHP is available on SEBI website at www.sebi.gov.in as well as on the website of the book running lead managers at www.lalpathlabs.com/ipo. The DRHP is subject to the approval of SEBI. The DRHP is available on the website of the book running lead managers at www.lalpathlabs.com/ipo. The DRHP is available on the website of the book running lead managers at www.lalpathlabs.com/ipo. Any securities referred to in the DRHP have not been and will not be registered under the U.S. Securities Act of 1933, as amended (the "Securities Act"), and may not be offered or sold in the United States absent registration or an exemption from registration under the Securities Act. There is no intention to register any securities referred to in the DRHP in the United States or to make a public offering of the securities in the United States. Any securities sold in the United States will be sold only to qualified institutional buyers (as defined in Rule 144A under the Securities Act) pursuant to Rule 144A.

*Price, quantities, details, method, reporting time may change. Please contact Customer Care before sending the samples, to avoid any inconvenience.

A test called **'Serum Galactomannan'**
stabilizes the lives of your patients
by diagnosing a severe infection

"Invasive Aspergillosis (IA)"
at the earliest.



 **Dr Lal PathLabs**

National Customer Care ☎ 011-3988-5050

SERUM GALACTOMANNAN TEST

The disease

Invasive Aspergillosis (IA) is a severe infection which is often a fatal one that occurs in patients:

- with prolonged Neutropenia
- who have undergone solid organ or stem cell transplantation
- who are in conjunction with aggressive immunosuppressive regimens (e.g. prolonged corticosteroid usage, chemotherapy etc.)

Delayed diagnosis of IA and its therapy may lead to poor outcomes.

Incidences

- The incidence of IA is reported to vary from 5% to 20% depending on the patients' population
- IA has an extremely high mortality rate of 50% to 80% partially due to the rapid progression of the infection (i.e. 1-2 weeks from onset to death)
- Approximately, 30% of cases remain undiagnosed and untreated at death

Diagnosis of Invasive Aspergillosis

Definitive diagnosis of IA is made by clinical signs and symptoms along with:

- Histopathological evidence of deep-tissue invasion
- Positive culture
- Radiological investigations

Limitation of existing tests

Histopathological Examination	Culture Methods	Radiological Examination
<ul style="list-style-type: none">• Invasive test• Less sensitive and specific• Observer based• More expertise is required	<ul style="list-style-type: none">• Time taking (3 weeks)	<ul style="list-style-type: none">• Observer based• More expertise is required

Galactomannan as a marker for detection

Galactomannan (GM) is a polysaccharide component of the Aspergillus cell wall that is released from growing Aspergillus hyphae.

The advent of biomarker tests such as the Galactomannan Enzyme Immunoassay (EIA) offers a potential adjunct for non-invasive diagnosis of Invasive Aspergillosis (IA).

Advantages of Serum Galactomannan test over existing test

- Serum Galactomannan can often be detected a mean of 7 to 14 days before other diagnostic clues become apparent.
- Turn Around Time (TAT) of test is less as compared to existing tests.
- Galactomannan antigen levels may be useful in the assessment of therapeutic response.
- Antigen levels decline in response to antimicrobial therapy.
- Monitoring of Galactomannan can potentially allow initiation of presumptive antifungal therapy before life-threatening infection occurs.

Result interpretation

- A positive result supports a diagnosis of Invasive Aspergillosis (IA)
- Positive results should be considered in conjunction with other diagnostic procedures such as Microbiologic culture, Histological examination of biopsy specimens and Radiographic evidence
- A negative result does not rule out the diagnosis of IA
- Repeat testing is recommended if the result is negative but IA is suspected
- Patients at risk of IA should have a baseline serum tested and should be monitored twice a week for increasing Galactomannan antigen levels

Test range available

- TEST CODE : S242
- TEST NAME : GALACTOMANNAN
- METHOD : ELISA
- TAT : SAME DAY*

* Sample by Monday through Saturday 12 noon at NRL-Rohini