

DES6633 Progesterone free in Saliva ELISA

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| Technology | : ELISA |
| Kit size | : 96 |
| Sample material | : saliva |
| Sample preparation | : freeze, thaw, centrifuge |
| Sample volume | : 100µl |
| Standard range | : 10 - 5000 pg/ml |
| Incubation | : 60min (shaking/RT), 30min |
| Measuring system | : TMB 450nm |
| Sensitivity | : 5 pg/ml |

Special remarks:

Enzyme immunoassay for the *in vitro diagnostic* quantitative measurement of active free progesterone in saliva. Measurements obtained by this device may be used in the diagnosis and treatment of disorders of the ovaries or placenta and as an aid to confirm that ovulation takes place.

Progesterone (4-pregnene-3, 20-dione) is a C₂₁ steroid hormone containing a keto-group (at C-3) and a double bond between C-4 and C-5. Like other steroids, it is synthesized from cholesterol via a series of enzyme-mediated steps. Progesterone is a female sex hormone of primary importance in ovulation, fertility and menopause. It is particularly important in preparing the endometrium for the implantation of the blastocyte and in maintaining pregnancy. In the follicular phase of menstrual cycle progesterone is produced in low levels. It increases to the LH peak and then sharply rises to high levels. Next there is a sharp decline to low levels of follicular phase. In non-pregnant women progesterone is mainly secreted by the corpus luteum whereas in pregnancy the placenta becomes the major source. Minor sources for progesterone are the adrenal cortex for both sexes and the testes for males.

The determination of progesterone in saliva combines a highly sensitive technique and non-invasive collection and represents the concentration of the metabolic active free progesterone.

steroid hormone concentration, whereas saliva testing results in the measurement of the free active hormone fraction.

So far, all attempts for a direct quantification of free Testosterone in serum or plasma samples by commercial immunoassays have failed.

Taking into consideration the above mentioned drawbacks of the current analytical procedures, salivary testing seems to be a reliable alternative. It has been shown in the literature that the measurement of free salivary Testosterone gives clinically valid results even in the low concentration range. In salivary testing it is easy to compensate for the episodic secretion pattern provided multiple sampling is done (preferably 5 samples within 2 hours). The measurement of free Testosterone is done with a mixture of these 5 samples. In contrast to this, measurements from just one single saliva sample always will give arbitrary results (like in serum).

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