

...means electrophoresis

CORRECT WAY TO SUPPORT CLINICIAN

SUPPORT

CLINICIANS

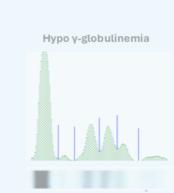
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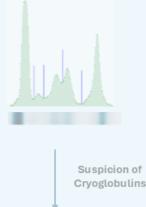
CORRECT

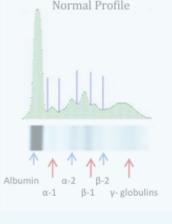


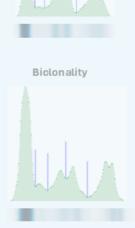




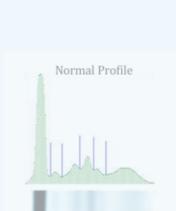


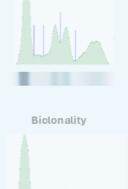


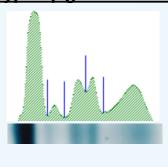




Monoclonality









Liver Cirrhosis



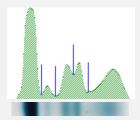
Hyper γ-globulinemia

Nephrotic Syndrome





Hypergammaglobulinemia



Fractions	Values (%)	g/dl	NV (%)
Alb.	43.52	3.05	52.0 - 65.0
alpha1-	5.56	0.39	2.0 - 5.5
alpha2-	12.48	0.87	6.0 - 11.7
beta-	11.85	0.83	8.2 - 14.5
gamma-Glob.	26.6	1.86	9.5 - 19.8
A/G		1.15	

Hypergammaglobulinemia (polyclonal gammopathy) refers to the overproduction of more than one class of immunoglobulins by plasma cells. **Polyclonal gammopathy** is generally considered a benign condition that does not progress to overt malignancy, contrary to monoclonal gammopathy of undetermined significance. **Hypergammaglobulinemia** is most commonly associated with:

- ·liver disease,
- acute or chronic inflammation,
- autoimmune disorders,
- some malignancies.

Hellabio Protein Electrophoresis kits:

The **Hellabio Agarose Gels** for protein electrophoresis are intended to be used for in vitro diagnosis in Hellabio **Manual** and **Automatic** system. They enable the quantitative and qualitative estimation of proteins in serum and other biological fluids.

Code	MPE4	PE10	PE20	PE30	MΡΕβ /β4	ΡΕβ/β	ΡΕβ/β 15	PΕβ/β 20	PΕβ/β 30
Tests/gel	4	10	20	30	4	10	15	20	30

For much more alternative kits please see the list with more than 130 kits or contact hellabio@hellabio.com

References:

1] Beuvon C, et al [2021]: Eur J Intern Med. 90:119-121.

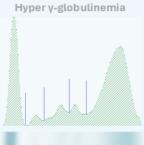
2] Zhao EJ, et al [2021]: Lancet Haematol. 8(5):e365-e375

3] Raj S, et al [2019]: Ann Allergy Asthma Immunol. 122(1):11-16



Liver Cirrhosis

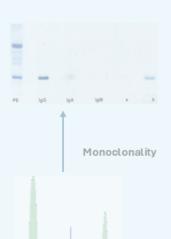




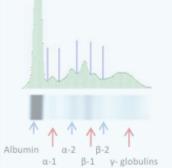
Nephrotic Syndrome



deficiency



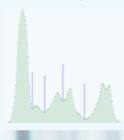
Normal Profile



Alpha-1 antitrypsin



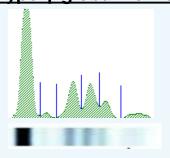
Biclonality



Suspicion of Cryoglobulins



Hypo γ-globulinemia



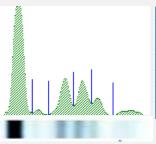
Acute Phase Reaction







Hypo γ-globulinemia



Fractions	Values (%)	g/dl	NV (%)
Alb.	63.8	4.73	52.0 - 65.0
alpha1-	5.24	0.16	2.0 - 5.5
alpha2-	11.21	0.82	6.0 - 11.7
beta-	13.85	1.03	8.2 - 14.5
gamma-Glob.	5.9	0.42	9.5 - 19.8
A/G		1.76	

Hypogamma- [Agamma-] globulinemia can be resulted from a variety of primary genetic defects or secondary effects of the immune system, resulting in a weakening of the immune system immune system. [1,2,3]

There are two main types of Hypogammaglobulinemia that can affect both children and adults.

Primary Hypoglobulinemia

Caused by:

In adults:

- Genetic defects usually affect B-cell development and/or function.
- Conditions that result in immunoglobulin loss or affect B-cell numbers and/or function

In children

• a common

Secondary Hypoglobulinemia

Caused by:

- Gastrointestinal losses
- Nephrotic syndrome
- Hematologic malignancy
- Medication (such as corticosteroids and chemotherapy)
- HIV

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Code	MPE4	PE10	PE15	PE20	PE30	ΜΡΕβ/β4	ΡΕβ/β	ΡΕβ/β15	ΡΕβ/β20	ΡΕβ/β30
Tests/gel	4	10	15	20	30	4	10	15	20	30

For much more alternative kits please see the list with more than 130 kits or contact hellabio@hellabio.com

References:

1] Mc Cusker C, et al [2018]: Allergy, Asthma & Clinical Immunology.;14(S2).

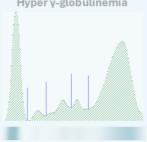
2] Otani I.M. et al [2022]: Journal of Allergy and Clinical Immunology.;149(5):1525-1560



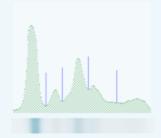
Liver Cirrhosis



Hyper γ-globulinemia



Nephrotic Syndrome

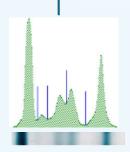




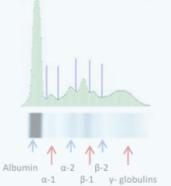
Alpha-1 antitrypsin



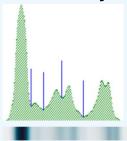
Monoclonality



Normal Profile



Biclonality



Suspicion of Cryoglobulins



Hypo γ-globulinemia



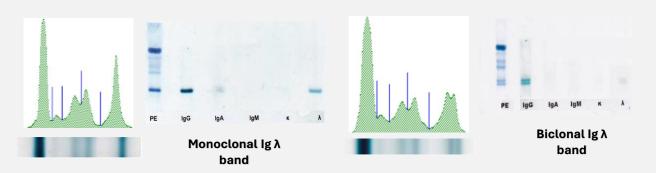
Acute Phase Reaction







Paraproteinemias



Paraproteinemias are a diverse group of diseases defined by the presence of a serum **monoclonal** protein (M-protein) due to aberrant overproduction by a monoclonal plasma cell population.

Monoclonal or **Oligoclonal Paraproteinemias** [Gammopathies] are associated with a clonal process A is malignant or potentially malignant. In contrast, **polyclonal gammopathies** may be caused by any reactive or inflammatory process, and they usually are associated with nonmalignant.

By Immunofixation electrophoresis (IFE) proteins of sample are first according to their charge separated by electrophoresis on the agarose film, and then they (as antigen) are reacted and fixed with monospecific polyclonal antisera. The monoclonal paraproteins can be heavy chain of IgG, IgA, IgM, (IgD, IgE) and / or light chain of kappa or lambda.

The presence of monoclonal paraproteins in serum can be caused by:

- Multiple myeloma
- Non-Hodgkin lymphoma
- Plasma cell leukemia
- Primary amyloidosis
- · Solitary plasmacytoma
- Waldenstrom macroglobulinemia





Hellabio Immunofixation Electrophoresis kits:

Serum protein monoclonal bands will sometimes be found following serum protein electrophoresis in patients presenting with classic signs or symptoms of multiple myeloma or with non-specific symptoms. The **Hellabio Immunfixation** kits are an easy way to identify these monoclonal bans by **Manual** and **Automatic** system.

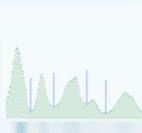
Code	IFE01	IFED01	IFEQ4	PIFE6	PIFE12	PIFE36	PIFEA6	PIFEA12	PIFEA36
Tests/gel	1	2	4	6	12	36	6	12	36

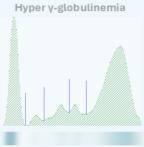
For much more alternative kits please see the list with more than 130 kits or contact hellabio@hellabio.com

- 1. O'Connell T, et al [2005]: Am Fam Physician.2005 Jan 1;71(1):105-112
- 2. Kyle C (Editor)[2008] A handbook for the interpretation of laboratory tests (4th edition). Diagnostic Medlab; Wellington3] Raj S, et al [2019]: Ann Allergy Asthma Immunol. 122(1):11-16
- 3. Singer C. [1997]: BMJ;314:960
- 4. Boccadoro M, et al [1997]: Hematol Oncol Clin North Am. 1997;11:111–314
- 5. Kyle R, et al [1986]: Seminars in Oncology 13(3):310-17
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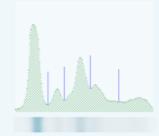


Liver Cirrhosis

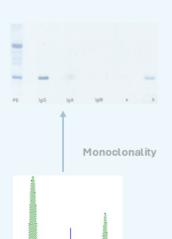


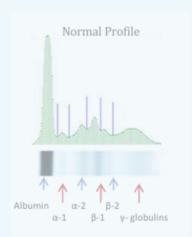


Nephrotic Syndrome

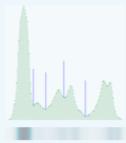


Alpha-1 antitrypsin deficiency





Biclonality



Suspicion of Cryoglobulins







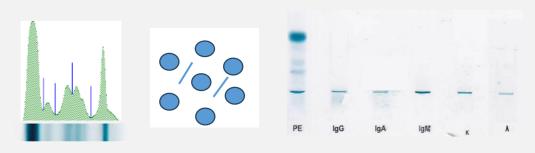
Acute Phase Reaction







Cryoglobulinemia



Cryoglobulins (cold precipitable serum globulins) are **thermoproteins** that precipitate at low temperatures in serum and can cause multiorgan damages (most commonly affecting the kidneys and skin as well as liver, peripheral nerve manifestations, systemic vasculitis, Raynaud's syndrome, and in patients with the typical triad of purpura, weakness, and arthralgias).

Cryoglobulin consists mainly of **immunoglobulins**, which form various complexes. They are classified into three types (I, II, and III) according to their composition. **Type II** cryoglobulinemia seems to have relationship with **hepatitis C**, which is being widely studied.

Cryoglobulinemia can be present alone ("idiopathic"), but it's frequently associated with other underlying diseases, such as:

- Macroglobulinemia
- · Chronic lymphocytic leukemia
- Systemic lupus erythromatosus (lupus)
- · Hepatitis C virus
- Cancers
- Lymphoma
- · Multiple myeloma
- · Systematic sclerosis

Hellabio Cryoglobulin kits:

The immunodiffusion test, also called Ouchterlony test, is a diagnostic test that allows antigen detection. In the case of Cryoglobulinemia it supports differentiation and identification the kind of the types of Cryoglobulins. The **Hellabio Cryoglobulins kits** are intended to be use as supporting technique of Immunfixation/Immunoelectrophoresis to differentiate monoclonal paraproteinemia and immunocomplexies.

Code	IFE01	IFED01	IFEQ4	PIFE6	PIFE12	PIFE36	PIFEA6	PIFEA12	PIFEA36
Tests/gel	1	2	4	6	12	36	6	12	36

For much more alternative kits please see the list with more than 130 kits or contact hellabio@hellabio.com

- 1. Adam C. et al [1981]:Infect. Immun.31, 530
- 2. Bombardieri, S.etal [1979]: Amer. J. Med.66, 748
- 3.Bonomol L.et al[1971]: Clin. exp. Immunol.9, 175



Liver Cirrhosis



Monoclonality

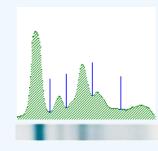


Suspicion of



Hyper γ-globulinemia





Nephrotic Syndrome

Alpha-1 antitrypsin

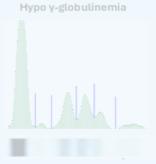


Biclonality



Cryoglobulins





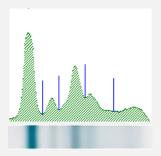
Acute Phase Reaction







Nephrotic Syndrome



Fractions	Values (%)	g/dl	NV (%)
Alb.	49.12	3.64	52.0 - 65.0
alpha1-	5.26	0.38	2.0 - 5.5
alpha2-	29.71	2.18	6.0 - 11.7
beta-	7.74	0.57	8.2 - 14.5
gamma-Glob.	8.17	0.58	9.5 - 19.8
Albumi	n to Globulir	ns ratio = 0.9	6

Nephrotic Syndrome is a kidney disorder characterized by a combination of symptoms caused by damage to the glomeruli, which are the tiny filtering units in the kidneys. In nephrotic syndrome the damage to the glomeruli results in a greater loss of urine protein than the synthetic capacity of the liver can replace.

Protein loss depends on the degree of damage to the glomerular basement membrane. If it is damaged to a lesser extent, only smaller molecules are lost (a decrease in albumin concentration), and if more damaged, IgG is also lost, which manifests itself as a decrease in the γ fraction. At the same time, the values of the $\alpha 2$ fractions are usually increased (due to $\alpha 2$ macroglobulin), and the β fraction is slightly lower (due to the lipoprotein $\beta 1$). In the more severe form of nephrotic syndrome, all fractions in serum protein electrophoresis, except the $\alpha 2$ fraction, are usually reduced due to larger $\alpha 2$ macroglobulin molecules that do not cross the glomerular basement membrane and the synthetic liver activity is increased

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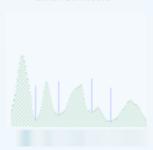
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Tests/gel	4	10	15	20	30	4	10	15	20	30

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- 1. Chauvear, D et al [1996]:Nephrol Dial Transplant. ; 11:413-415
- 2. Kyle, R [994]: Blood Rev. 8:135-1413.Bonomol L.et al[1971]: Clin. exp. Immunol.9, 175
- 3. Johnson, W · et al [1990] Arch Intern Med. 150:863-869



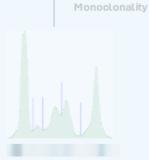
Liver Cirrhosis

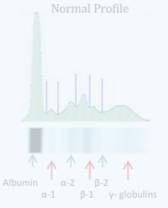




Nephrotic Syndrome







Alpha-1 antitrypsin

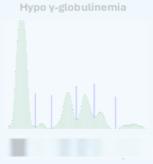


Biclonality

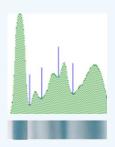


Suspicion of Cryoglobulins





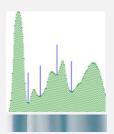
Acute Phase Reaction







Inflammation



Fractions	Values (%)	g/dl	NV (%)							
Alb.	44.31	3.28	52.0 - 65.0							
alpha1-	7.82	0.56	2.0 - 5.5							
alpha2-	12.52	0.92	6.0 - 11.7							
beta-	13.41	0.99	8.2 - 14.5							
gamma-Glob.	21.94	1.55	9.5 - 19.8							
Album	Albumin to Globulins ratio = 0.80									

The inflammatory response can be either acute or chronic.

Acute inflammation typically lasts only a few days and involves increases in fibrinogen, alpha1-antitrypsin, haptoglobin, ceruloplasmin, CRP, the C3 portion of complement, and alpha1 acid glycoprotein. Often, there are associated decreases in the albumin and transferrin levels.

In **chronic inflammation**, the inflammation becomes the problem rather than the solution to infection, injury or disease. Chronically inflamed tissues continue to generate signals that attract leukocytes from the bloodstream. Diseases characterized by chronic inflammation include, among others: Crohn's, Lupus, Psoriasis, Diabetes, Coronary artery disease (atherosclerosis), Rheumatoid arthritis, Asthma, Solid organ transplant rejection, Chronic Bronchitis Cancer. Chronic inflammation causes decrease of the albumin band, and increase of a1,a2 and gamma globulins due to polyclonal gammopathy.

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Code	MPE4	PE10	PE15	PE20	PE30	ΜΡΕβ/β4	ΡΕβ/β	ΡΕβ/β15	ΡΕβ/β20	ΡΕβ/β30
Tests/gel	4	10	15	20	30	4	10	15	20	30

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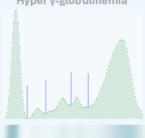
- 1. O'Connell TX,et al. [2005]: Am Fam Physician; 71:105–112
- 2. Kyle RA [1994: Clin Chem; 40:2154–2161
- 3. Kyle RA [1999]: Arch Pathol Lab Med;123:114–118
- 4. Chen L, et al. [2017]: Oncotarget. 9(6):7204-7218



Liver Cirrhosis



Hyper γ-globulinemia

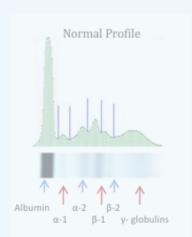


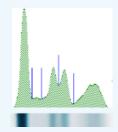
Nephrotic Syndrome



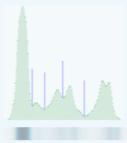
Alpha-1 antitrypsin deficiency







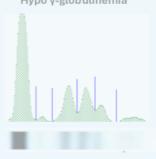
Biclonality







Hypo γ-globulinemia



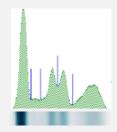
Acute Phase Reaction







Alpha-1 Antitrypsin Deficiency



Fractions	Values (%)	g/dl	NV (%)
Alb.	61.54	4.56	52.0 - 65.0
alpha1-	1.17	0.08	2.0 - 5.5
alpha2-	9.99	0.73	6.0 - 11.7
beta-	13.02	0.96	8.2 - 14.5
gamma-Glob.	14.28	1.01	9.5 - 19.8
A/G		1.60	

Alpha-1 Antitrypsin (AAT) Deficiency is a genetic disorder that results in low levels of a protein called alpha-1 antitrypsin (AAT). This protein is primarily produced in the liver and serves a crucial role in protecting the lungs from damage caused by an enzyme called neutrophil elastase, which is released by white blood cells during inflammation. In AAT deficiency, either the production of alpha-1 antitrypsin is insufficient or the protein is produced in an abnormal form that cannot function properly. This leads to an increased risk of lung and liver damage, and the condition can cause various respiratory and liver diseases.

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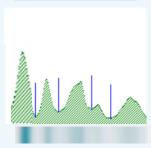
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Tests/gel	4	10	15	20	30	4	10	15	20	30

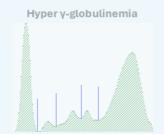
For much more alternative kits please see the list with more than 130 kits or contact hellabio@hellabio.com

- 1. Stoller JK, et al [2005] Chest; 128: 1989–1994
- 2. Miravitlles M, et al [2010]: Eur Respir J; 35: 960–968
- 3. Greulich T,et al [2013]: Respir Med; 107: 1400–1408

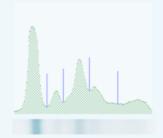


Liver Cirrhosis

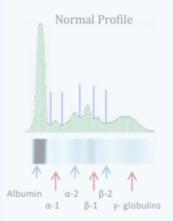




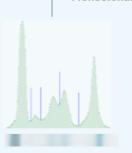
Nephrotic Syndrome

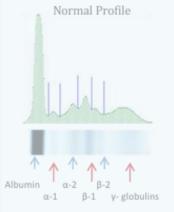


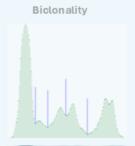




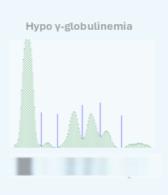












Acute Phase Reaction

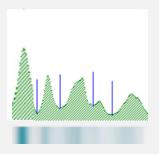


THE CORRECT WAY TO SUPPORT CLINICIANS





Liver Cirrhosis and Failure



Fractions	Values (%)	g/dl	NV (%)		
Alb.	48.98	3.63	52,0 - 65,0		
alpha1-	9.89	0.16	2,0 - 5,5		
alpha2-	5.02	0.37	6,0 - 11,7 8,2 - 14,5		
beta-	13.02	0.96			
gamma-Glob.	23.09	1.64	9,5 - 19,8		
A/G		0.96			

Liver cirrhosis is a chronic condition characterized by extensive scarring (fibrosis) of the liver tissue, resulting from prolonged damage. This scarring disrupts the liver's architecture and impairs its ability to function.

Acute liver failure (ALF) is a rapid loss of liver function in individuals without preexisting liver disease. It is a serious and potentially lifethreatening condition, requiring urgent medical care.

Acute Liver
Failure

Caused by:

- Drugs
- Toxins
- Viral hepatitis

Chronic Cirrhosis

Caused by:

- Alcohol
- Nonalcoholic fatty liver disease (NAFLD)
- Viral hepatitis

Hellabio Protein Electrophoresis kits:

The **Hellabio Agarose Gels** for protein electrophoresis are intended to be used for in vitro diagnosis in Hellabio **Manual** and **Automatic** system. They enable the quantitative and qualitative estimation of proteins in serum and other biological fluids.

Code	MPE4	PE10	PE15	PE20	PE30	ΜΡΕβ/β4	ΡΕβ/β	ΡΕβ/β15	ΡΕβ/β20	ΡΕβ/β30
Tests/gel	4	10	15	20	30	4	10	15	20	30

For much more alternative kits please see the list with more than 130 kits or contact hellabio@hellabio.com

- 1. Catanzaro R, et al [2013]: Hepatobiliary and Pancreatic Diseases International. 12(5):500–507
- 2. Caviglia GP,et al [2013]: Annals of Hepatology. ;13(1):91–97
- 3. Clarke JM, et al [2002]: Gastroenterology; 122:1649-1657
- 4. Corrao G, Aricò S [2003]: Hepatology;27(4):914-919

