



Rapid and reliable diagnosis of CAP with RIDA®GENE CAP Bac

RIDA®GENE CAP Bac multiplex real-time PCR provides support for the detection of CAP, caused by *Chlamydophila pneumoniae*, *Legionella pneumophila* or *Mycoplasma pneumoniae*.

Benefit from RIDA®GENE:



Specific

Detection of:

- Chlamydophila pneumoniae (16S-rRNA)
- Legionella pneumophila (16S-rRNA)
- Mycoplasma pneumoniae (GS)



Simple

Optimized workflow using the RIDA®GENE Universal or DNA profile



Flexible

The assay can be run on the commonly used real-time PCR instruments e.g. RIDA®CYLER, LightCycler® 480 II, LightCycler® 480 z, Mx3005P, ABI 7500, CFX96™, Rotor-Gene Q



Safe

Regular quality assessment participation:

- INSTAND
- QCMD



Reliable

All controls (internal, positive, negative) are included in the kit



Rapid

Results in less than 1,5 h. For processing on the Roche LC 480 II: Results within 1 h 10 min



RIDA®GENE CAP Bac (Art. No. PG2705)



- CAP is one of the most common registered infectious disease worldwide and in Western Nations it is the most fatal infectious disease1
- · The most commonly identified pathogens in CAP patients are bacteria
- The result supports the physician with an important additional information whether the patient has a CAP
- An early diagnosis of CAP leads to an early treatment and thus can positively influence the disease progression

Ordering information

Product	Description	Tests	Matrix	Art. No.
Virus	Real-time PCR			
RIDA®GENE CAP Bac	Multiplex real-time PCR for the direct qualitative detection of <i>Chlamydophila pneumoniae</i> , <i>Legionella pneumophila</i> and <i>Mycoplasma pneumoniae</i> in human bronchoalveolar lavage (BAL)	100	Human broncho- alveolar lavage (BAL)	PG2705



¹ Höffken et al. [Epidemiology, diagnosis, antimicrobial therapy and management of community-acquired pneumonia and lower respiratory tract infections in adults. Guidelines of the Paul-Ehrlich-Society for Chemotherapy, the German Respiratory Society, the German Society for Infectiology and the Competence Network CAPNETZ Germany]. Pneumologie. 2009; 63:e1-68