

VitaLab

FAST

SENSITIVE

RELIABLE



CRP Test Kit

(Dry Fluorescence Immunoassay)

CE IVD

Reference <<<

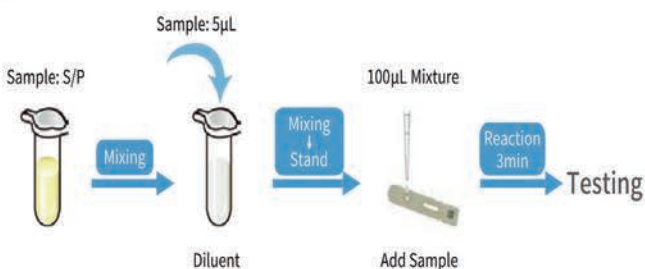
- [1] C-reactive protein and coronary heart disease: a critical review.
- [2] C-reactive protein (CRP).
- [3] Function of C-reactive protein.
- [4] C-reactive protein: a critical update.
- [5] Evaluation of fluorescence hs-CRP immunoassay for point-of-care testing.

C-reactive protein (CRP) is an acute phase protein with a structure of n-pentamers. It has good stability and accuracy, and is a nonspecific marker of inflammation and tissue injury. If the CRP value does not drop after treatment, there may still be damage. CRP can activate complement and enhance the phagocytosis of phagocytes to play a conditioning role, and plays an important protective role in the natural immune process of the body.

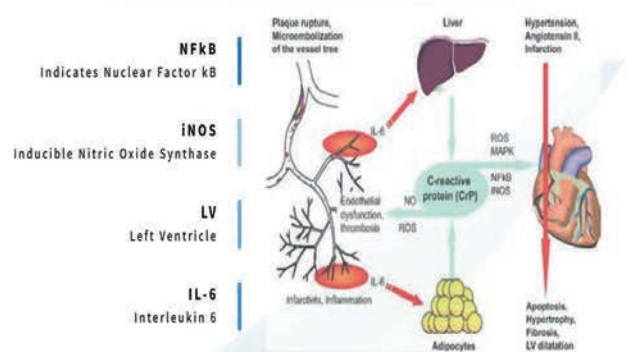
Clinical Significance of CRP

- ▶ Differential diagnosis of bacterial virus infection and medication guidance.
- ▶ Efficacy evaluation.
- ▶ Concurrent infection prediction.
- ▶ Observation of infection duration.
- ▶ Prediction of postoperative complications.
- ▶ The indication of disease activity.

Steps of Operation



“CRP just a Biomarker of Inflammation or a Pathophysiological Player in Myocardial Function and Morphology?”



In response to inflammatory stress, C-reactive protein (CRP) is predominantly secreted from the liver and adipose tissue(s), and an independent relationship exists between different markers of overweight/obesity and elevated high sensitive (hs) CRP levels.

CRP is predominantly secreted from the liver and adipose tissue(s) in response to inflammatory stress resulting from plaque rupture and subsequent microembolization. High levels of CRP induce endothelial dysfunction, activate platelets, and aggravate stress-induced alterations in cardiac function and morphology (ie, cardiomyocyte apoptosis and hypertrophy, fibrosis, and LV dilatation).

Interpretation of Result

CRP	Measuring Range	0.5-200 µg/mL
	Cut-Off Value	10 µg/mL

