Congenital Adrenal Hyperplasia

Quantase™ Neonatal 17-OHP* Assay

Newborn Screeners Are Talking
“All of my samples are delivered between 9:30 AM and 10:30 AM, and that’s crunch time.”

Bio-Rad Is Listening
When it’s crunch time in the lab, you want maximum efficiency. Bio-Rad’s convenient and ready-to-use reagents provide the time saving you demand. Don’t waste your staff’s valuable time on reagent preparation – choose Bio-Rad.

Quantase™ Neonatal 17-OHP Assay
The Quantase™ Neonatal 17-OHP Assay is a quantitative assay for the determination of 17α-hydroxyprogesterone in neonatal dried-blood spot specimens. The rapid and precise assay delivers efficiency to your laboratory.

* Not available in the US

The Bio-Rad Assay
• Works with most microplate readers
• Is easily automated
• Provides rapid results in 4 hours
• Convenient ready-to-use liquid reagents
Congenital Adrenal Hyperplasia (CAH)

Clinical Background
CAH results from a recessively inherited defect in any of the five enzymatic steps required to synthesize cortisol from cholesterol. Persistently high levels of 17-OHP are considered presumptively diagnostic of CAH resulting from 21-hydroxylase deficiency. Complete or partial deficiency of 21-hydroxylase accounts for 90% to 95% of all CAH cases.¹

CAH exists in three forms: salt wasting (SW); simple virilizing (SV); and nonclassical (NC). The SW and SV forms of the disorder result in excessive adrenal androgen secretion early in fetal life. If left untreated, the SW form can result in life-threatening adrenal crises within the first weeks of life and precocious growth in both sexes. Non-classical CAH may result in persistent slight elevations of 17-OHP from birth with clinical manifestations occurring later in life. The SW and SV form have been found to occur at a frequency of 1:15,000 births.²

REFERENCES

Ordering Information
Catalog No. Description
532-5402 Quantase™ Neonatal 17-OHP Assay 480 test kit