



Quick Check™ IgG Instructions

For Whole Blood Samples Only

The Importance of Testing for IgG in Newborn Foals

Foals are born with little or no circulating immunoglobulins. Therefore, they are without protection against challenge from invasive microorganisms or other antigenic substances. The passive transfer of immunity occurs after birth via ingestion and absorption of colostrum. Up to 20% of newborn foals experience a partial or total failure of passive transfer, and these animals are at high risk of serious illness or death. Failure of this passive transfer can occur as a result of premature lactation, deficient suckling, malabsorption or low IgG levels in colostrum.

An IgG test can identify if a failure of passive transfer has occurred or not. This test detects the levels of IgG in the blood which are indicative of the success or failure of the passive transfer. An adequate level of IgG is 800 mg/dl of serum or greater. Levels less than 800 mg/dl indicate inadequate passive transfer. IgG should be supplemented in these foals.

A rapid identification of low IgG levels is very important for the early initiation of treatment of immunodeficient foals. The initial testing should be done when the foals are about 12 hours old or as soon as possible thereafter. To determine the success of IgG supplementation, post-treatment is recommended.

Sample Preparation

Samples should be labeled with the name or number of the foal and the date collected.

Collect approximately 1-2 mL of whole blood using a syringe or a needle and collection tube.

If the test is to be run later, the whole blood sample must be transferred to a purple top collection tube that contains EDTA (anticoagulant).

The whole blood sample may be stored, in an EDTA collection tube (purple top tube), in a refrigerator for up to 7 days. Do not freeze the whole blood.

*******If serum sample is used instead of whole blood, then add 100 microliter (1/2 the volume of whole blood sample) to the dilution vial and follow the same steps as for whole blood.***

Procedure

1. Remove the cassette from the foil pouch at the time of testing. Label each cassette with the corresponding sample identification.
2. Gently mix the whole blood sample. Using a clean pipette from the kit **fill the pipette to the mark with the whole blood sample.***
3. Remove aluminum cover and stopper from a dilution vial. Add the whole blood sample from the pipette to a dilution vial. Rinse the pipette by repeatedly drawing up and releasing its contents into the dilution vial.
4. Recap the dilution vial with rubber top and invert it several times to thoroughly mix the sample with the dilution fluid.
5. Remove rubber top from dilution vial and using the same pipette from step 2, draw up some of the diluted sample into the pipette.
6. With the cassette on a level surface, add 1 to 2 drops of the diluted sample into the sample well of the cassette.

Allow the test to proceed for 20 minutes. Then read the results. **Do not read results after 40 minutes.**

*If serum is used fill pipette ½ way to the mark. Remaining steps are the same.

Interpretation of Test Results

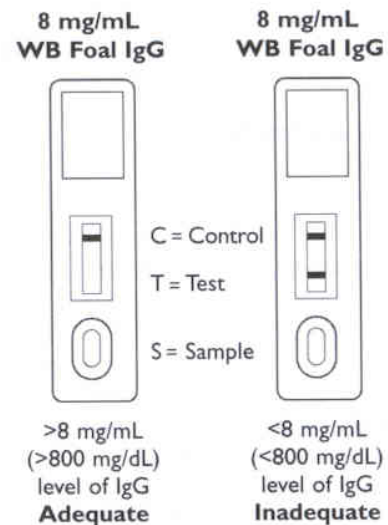
In a properly functioning test, a line will appear at the Control (C) position of the results window.

Adequate Level:

Is indicated by ONE line at the “C” position.

Inadequate Level:

Is indicated by TWO lines: One at the “T” position and ONE at the “C” position. Regardless of line intensity, a faint line at the “T” position should be interpreted as an **inadequate level** of IgG.



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