





Trichomonas Vaginalis

AMPLI-Tricomonas V.

Cat. n.1.605

The Trichomonas vaginalis is a protozoan that belongs to the flagellate, known as human parasite causing the vaginal trichomoniasis, a vaginal inflammation.

The parasite sticks to the vaginal walls, it doesn't penetrate the tissue but it provokes severe alterations in the female bacterial flora increasing the PH and creating favourable conditions for other dangerous micro-organisms attacks.

The ideal conditions for its proliferation are a vaginal PH between 4,7 and 7,5, humidity and a temperature of 37°C; outside the human body it is basically inexistent if the environmental conditions are not favourable. The incubation period is between the 5 and 28 days. It infects about the 20% of women of childbearing age, causing vaginitis, urethritis and cystitis; in the men the diagnosis is more difficult and it can be responsible of the 5-10% of all the male urethritis. Both sexes can be infected by the trichomoniasis and many infected patients can be asymptomatic.

The AMPLI-Trichomonas V. kit is based on PCR technique for the qualitative detection of Trichomonas Vaginalis in the biological samples, showing an amplified of 240 bp specific for Trichomonas Vaginalis and an other amplified of 520 bp for the internal control.

Principle of method: A) genomic DNA extraction B) amplification C) revelation on agarose gel. Applicability: on extracted and purified DNA from epithelial cell, urethral, conjunctival samples, prostatic and seminal liquids, urine.

Number of Tests: 50

Stability: over 12 months if correctly stored.

ANALYSIS OF RESULT

The sample is positive for Trichomonas vaginalis DNA if the 240 bp band on agarose is shown, the 520 bp band proves the analysis is valid.

M 1 2 3 4

M: Ladder 100 bp

1: positive sample for Tricomonas V. 2: positive sample for Tricomonas V. 3 : negative sample for Tricomonas V.

4 : negative sample for Tricomonas V.

REAGENTS AND STORAGE

AMPLIFICATION	
Mix PCR1	-20°C
Mix PCR2	-20°C
Taq Polimerase	-20°C
Sterile water	-20°C
Positive control	-20°C
Internal control	-20°C

References: J Med. Microbiol. 2002, 51 (12) Curr. Clin. Top Infect. 2002, 24 J Clin. Micxrobiol. 1994, 32.