

ImmunoCAP™ Tryptase test

In case of a suspected systemic allergic reaction

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Tryptase is a useful biomarker in investigation of systemic allergic reaction, as it is released into the circulation during anaphylaxis.¹⁻⁵

Acute systemic (anaphylactic) reaction

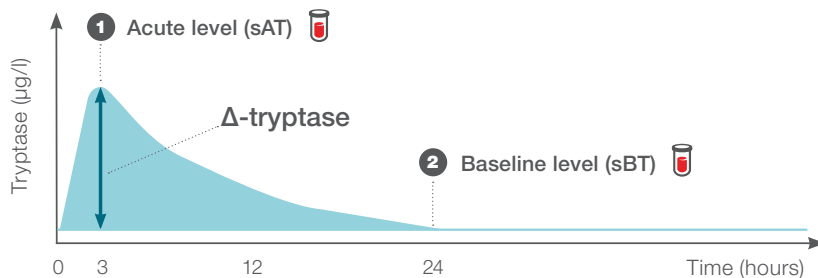
Two serum samples: acute (sAT) and baseline tryptase level (sBT)

30 minutes to 4 hours after the reaction* (peak level)³

At least 24 hours after complete resolution of all clinical symptoms (baseline level)^{2,3}

Delta-tryptase (Δ -tryptase) ($sAT - sBT \geq 20\%$ of the individual's $sBT + 2 \mu\text{g/l}$)

Mast cell activation is confirmed⁶⁻⁸



In case of a suspected systemic allergic reaction, measure tryptase levels twice.

* EAACI recommends a tighter time frame of 30 min to 2 hours, based on the same references²

ImmunoCAP Tryptase test

In case of suspected mastocytosis

Mastocytosis is a rare disease characterized by increased numbers of mast cells in different organs.⁷ There are different forms of mastocytosis, such as systemic mastocytosis (SM) and cutaneous mastocytosis (CM). Measuring serum tryptase can help to distinguish whether the reaction is due to mast cell activation or whether the cause is non-immunological.⁷ A persistently elevated baseline serum tryptase level above 20 µg/l* is one **minor diagnostic criterion** established by **The World Health Organization (WHO)** for the classification of SM.⁸⁻¹⁰

* When hereditary α-tryptasemia is diagnosed, the B2 level should be adjusted.

Mastocytosis



Persistently elevated baseline tryptase level above 20 µg/l⁸⁻¹²



Relevant case history supporting the possibility of underlying mastocytosis¹²

Indication of possible mast cell disorders and risk marker for a severe allergic reaction⁷⁻¹²

Further investigation of possible mastocytosis¹²



Product information for sample preparation and storage³

- **Calibrator range:**
1-200µg/l
- **Specimen collection:**
Both serum and plasma samples from venous blood can be used
- **Preparation of sample:**
No need for special procedures when collecting blood or preparing the sample

Stability:

- 48h at room temperature
- 1 week at +2–8°C
- 1 year at -20°C

References: 1. Rueff F, et al. Allergologie select 2023;Vol.7(154-190). 2. Muraro, et al. Anaphylaxis (2021 update) Allergy. 2022 Feb;77(2):357-377. 3. ImmunoCAP™ Tryptase Directions for use 2024;52-5467-EN/06. 4. Lieberman, et al. J Allergy Clin Immunol 2010;126(3):477-80.e1-42. 5. Liang L, et al. Yonsei Med J. 2022 Feb;66(2):75-86. 6. Vitte, et al. J Allergy Clin Immunol Aug 2021;9(8):2994-3005. 7. Schwartz LB, Immunol Allergy Clin N Am 2006 Aug;26(3):451-63. 8. Cardona, et al. World Allergy Organ J 2020 Oct 30;13(10):100472. 9. Simons FE, et al. World Allergy Organ J 2014 Oct 28;8(1):32. 10. Horny HP, et al. IARC 2011 Dec 28;129(11):1420-1427. 11. Valent P, et al. Blood. 2017 Mar 16;129(11):1420-1427. 12. Swerdlow, et al. WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues WHO Classification of Tumours, 4th Edition, Volume 2, 2008. **Official product names:** ImmunoCAP Tryptase Anti-Tryptase

Learn more at thermofisher.com/immunocap

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