Cambridge Biomedical

Candida Immune Complex in Serum

Specimen Type	Serum
Specimen Volume	2.0 mL
Collection	Red top tube with no additives or serum gel tube. Allow blood to clot for 30 minutes. Centrifuge at 3000 rpm for 10 minutes. Separate serum and freeze immediately.
Minimum Volume	1.0 mL
Handling	Ship frozen on dry ice.
Rejection Criteria	Hemolyzed specimens. Specimens received at ambient temperature. Specimens outside of listed stability.
Stability	Refrigerated for 7 days. Frozen for 10 weeks.
Methodology	ELISA
Reference Range	Index of ≤ 1.0 EU is normal.
Turnaround Time	Up to 7 business days
CPT Code	86332
Clinical Significance	*Candida* Immune Complexes which form *in vivo* are comprised of *Candida Albicans* antigen, anti-*Candida* IgG antibodies, and complement. The presence of these complexes is an indication of overgrowth of *C. albicans* in the gut. *Candida* overgrowth was first described by Brabander and associates in 1957. Diagnosis of the condition has been difficult due to the ubiquitous nature of *Candida* resulting in the existence of antibodies to it in a large percentage of the "normal population." It is also difficult to isolate by culture from stool due to the overgrowth by normal intestinal flora. Symptoms of *Candida* intestinal overgrowth include bloating, itching, and skin rashes. Lehman and Reiss suggested that the presence of immune complexes to *Candida* is an objective means of diagnosing the condition. The results of Broughton and Lanson concluded that the marker for *Candida* immune complexes not only aid in diagnosing intestinal overgrowth, but that levels of complexes decrease during successful treatment.
Principle	This semi-quantitative method is a direct ELISA assay. In this test, the immune complexes are precipitated and the free antibodies washed away. The re-suspended complexes are subjected to dissociation reagent that releases complex bound anti-*Candida* IgG. The ELISA assay detects presence of the liberated anti-*Candida* IgG.