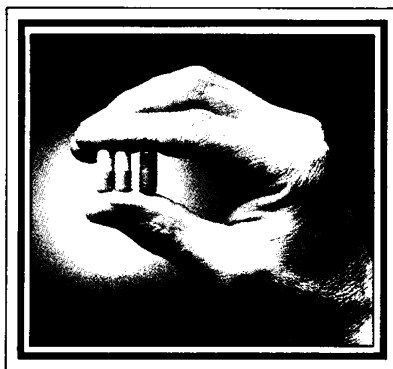


NOW THERE'S A ROUTINE TEST FOR EXOCRINE PANCREATIC FUNCTION



Until now, cost and patient discomfort have ruled out the routine investigation of persistent non-specific abdominal symptoms to estimate pancreatic digestive function. The Pancreolauryl Test is a new routine screening test for early exclusion of exocrine pancreatic digestive malfunction as a cause of steatorrhoea, and other abdominal symptoms.

Simple test procedure

The Pancreolauryl Test is based on the hydrolysis of fluorescein dilaurate by pancreatic esterases liberating fluorescein and lauric acid; fluorescein can then be measured spectrophotometrically. Comparison

of this value with that obtained after ingestion of unesterified fluorescein (i.e. fluorescein sodium) provides an index of exocrine pancreatic function.

Accuracy confirmed in clinical trials

UK clinical trials have confirmed that the Pancreolauryl Test has sensitivity values ranging from 95-100%, with false negative values less than 0.1%^{1,2}

Avoids patient intubation

As the Pancreolauryl Test is non-invasive, patient inconvenience is kept to a minimum.

Inexpensive laboratory procedure

No expensive reagents or special equipment are required for laboratory analysis.

The Pancreolauryl Test

"...a simple and acceptable screening test for the exclusion of pancreatic exocrine failure as a cause of steatorrhoea".¹

The Lancet 1982

Pancreolauryl Test



For full information on the Pancreolauryl Test, please complete and return this coupon to: International Laboratories Ltd., (Hospital Division), Charwell House, Wilsom Road, Alton, Hants. GU34 2TJ.

Name _____

Title _____

Address _____

PRESCRIBING INFORMATION. Pancreolauryl Test **Presentation:** Two blue capsules each containing 174.25 mg (= 0.25 mmol) fluorescein dilaurate. One red capsule containing 188.14 mg (= 0.50 mmol) Fluorescein Sodium B.P. **Indications:** A screening procedure to detect abnormally low exocrine pancreatic function in patients with symptoms associated with disturbances of pancreatic digestive function e.g. recurrent diarrhoea, increased flatulence, fat intolerance and recurrent upper abdominal pain. **Dosage and Administration.** Adults: The patient can eat and drink as usual on the evening prior to the test, but no medicines containing vitamins or digestive aids should be taken. Test Day No. 1: For 10 hours after the start of the test i.e. administration of 2 blue capsules with the standard meal, all urine is collected including a final emptying of the bladder at exactly 10 hours after the start of the test. Test Day No. 2: The control red capsule can be taken the following day ensuring that the same procedure is followed. **Contraindications.** Acute necrotizing pancreatitis. Pregnancy. Not recommended for children. **Interactions with other drugs.** False negative results may arise if digestive aids or vitamins are taken concomitantly. Sulphasalazine can interfere with photometric measurements. **Pack Quantities:** 1-Test Pack (3 capsules) **Product Licence No.:** PL 232 0039. **Basic NHS Cost (excl. VAT) £15.00.** **Special reporting to the CSM required.** Further information available on request from International Laboratories Ltd., (Hospital Division), Charwell House, Wilsom Road, Alton, Hants. Date of Preparation 19.2.85. **References:** 1. The Lancet 1982; **ii**: 742-744. 2. J. Clin. Path. 1982; **35** (11): 1240-1243.