

IgG3 Spike Protein Binding Assay

The innovation offers a fast, inexpensive single-tier assay that offers clinical utility as a screening method to identify patients who have SARS-CoV-2 immunity based on the presence of spike-binding, neutralizing IgG3 antibodies against SARS-CoV-2

What is the Problem?

Spike-binding IgG3 antibody is statistically linked to the presence of neutralizing antibodies against SARS-CoV-2 such that spike protein-specific IgG3 levels are the best predictor that a patient or specimen will have neutralizing antibodies and hence will have immune protection against SARS-CoV-2. There is currently a lack of a fast, inexpensive, and reliable method to identify patients who have SARS-CoV-2 immunity based on the presence of spike-binding, neutralizing IgG3 antibodies against the virus.

What is the Solution?

The solution is an innovative antibody assay that measures SARS-CoV-2 spike protein-specific IgG3 levels present in blood, serum, plasma, and other sample types. This single-tier assay provides clinical utility as a screening method to identify patients who have SARS-CoV-2 immunity based on the presence of a spike-binding, neutralizing IgG3 antibodies.

What is the Competitive Advantage?

The competitive advantage of this innovation lies in its ability to quickly and inexpensively identify patients with SARS-CoV-2 immunity based on the presence of spike-binding, neutralizing IgG3 antibodies. The assay can be applied to various applications, including development of outcome prediction tools, assessment of immunity for clinical trial entry criteria, and point-of-care tests for immunocompromised patients to determine their immunity levels. With COVID-19 diagnostics market size projected to reach USD 8.04 billion by 2027, this innovation holds significant potential in contributing to the market's growth and addressing the ongoing need for efficient SARS-CoV-2 immunity testing.

Technology ID

BDP 8384

Category

Therapeutics/Infection Selection of Available Technologies

Authors

Michael Gale Jr

Learn more



US20220196658A1

References

 Rathe, J. A., Hemann, E. A., Eggenberger, J., Li, Z., Knoll, M. L., Stokes, C., Hsiang, T. Y., Netland, J., Takehara, K. K., Pepper, M., & Gale, M., Jr (2021), https://pubmed.ncbi.nlm.nih.gov/33367830/, https://academic.oup.com/jid/, 223, 1120-1131