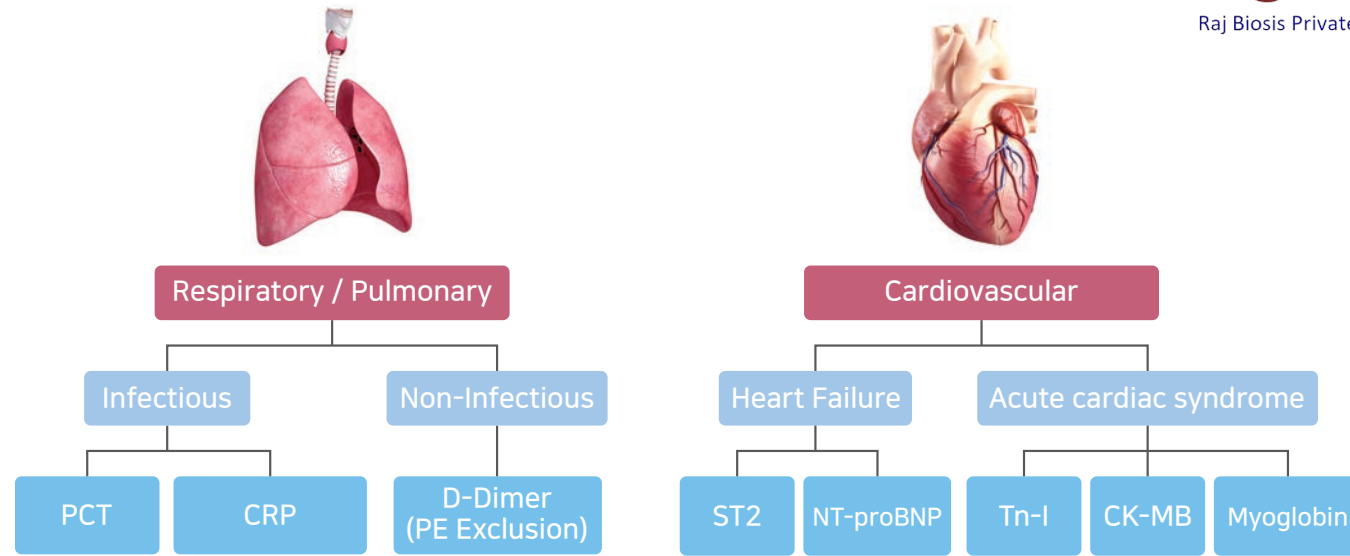


Get time on your side with Boditech

Chest Pain - Shortness of Breath - Fever - Cough



> Patient management

- Results are available within 15 minutes, helping to improve efficiency
- Being able to detect and follow up a patient health status is crucial for the patient management
- Appropriate treatment can be given without delay
- Selecting and monitoring cardiac/heart failure therapy (drugs, devices...) with biochemical biomarker(s) is personalized medicine

> Patient outcomes

- Rapid diagnostics allows appropriate treatment to be initiated immediately
- Early diagnosis and treatment reassure patients and reduce anxiety associated with uncertainty. Follow up to the therapy is possible and detectable

> Cost effectiveness

- Early therapeutic initiation and regular monitoring can help reduce complications and improve cost efficiency¹⁷
- Avoid unnecessary referrals to secondary care will save the practice money.
- Improved rule-out process and thereby help to substantially reduce the need for cardiac stress testing and time to discharge. Total costs will be also reduced. Total cost will therefore be reduced.

> Easy to use

- One step walk away system available
- All in one cartridge
- User-friendly screen
- Connectable to LIS for data storage

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Parameter	Clinical utility	Reaction time (minutes)	Measuring range	Sample type	Reaction time (minutes)	Measuring range	Sample type
Troponin I	Diagnosis of acute coronary syndrome and myocardial infarction	12	0.1 – 50 ng/mL	P/S	12	0.01 – 15 ng/mL	WB/S/P
Troponin I plus		12	0.01 – 15 ng/mL	WB/S/P	12		
ST2	Associated with cardiac remodeling and fibrosis	12	3.1~200 ng/mL	WB/S/P	12	3.1~200 ng/mL	WB/S/P
D-Dimer	Exclusion of deep vein thrombosis (DVT) and pulmonary embolism.	12	50 – 10,000 ng/mL	WB/P	12	50 – 10,000 ng/mL	WB/P
NT-proBNP*	Diagnosis and assessment of congestive heart failure. Risk stratification in acute coronary syndrome	12	10 – 30,000 pg/mL	WB/S/P	12	10 – 30,000 pg/mL	WB/S/P
CK-MB	Diagnosis of acute coronary syndrome and myocardial infarction, assessment of re-infarction	12	3 – 100 ng/mL	WB/S/P	12	3 – 100 ng/mL	WB/S/P
Myoglobin	Early marker of myocardial infarction	12	5 – 500 ng/mL	WB/S/P	12	2 – 500 ng/mL	WB/S/P
hsCRP	Cardiovascular inflammation	3	0.1-10 mg/L	WB/S/P	3	0.5-200 mg/L	WB/S/P
CRP	Inflammation	3	2.5-300 mg/L	WB/S/P			
PCT	Sepsis	12	0.1-100 ng/mL	WB/S/P	12	0.1-100 ng/mL	WB/S/P
PCT Plus		12	0.02-50 ng/mL	WB/S/P	12	0.02-50 ng/mL	WB/S/P

* please check your local supplier for availability



Why to use:

Troponin I

- The preferred biomarkers for the evaluation of Myocardial Injury ¹
- “Rule out” acute myocardial infarction (AMI) with a single blood test ³
- Raising or falling patterns in serial testing are indication of Myocardial infarction(MI).
- Indicated to be tested multiple times at regular intervals. ¹

Soluble ST2 (sST2)

- Powerful prognostic marker for Heart Failure patients’ outcome. ⁴
- Help for risk stratifying post MI patients.
- Helps predicting therapy efficacy, particularly for antifibrotic drugs such as Nephrlysin Inhibitor. ⁵

D-Dimer

- Rule out suspected deep vein thrombosis (DVT) and pulmonary embolism (PE) ^{6, 7}
- Differentiate acute pulmonary thromboembolism and non-ST segment elevation myocardial infarction (NSTEMI) patients by combining D-Dimer and Troponin I tests ⁸
- D-Dimer based protocols have shown to be most cost-effective to rule out suspected pulmonary embolism ⁹

NT-proBNP

- High negative predictive value enables exclusion of heart failure in suspected patients, to triage quickly and appropriately ¹⁰
- Confirm the presence of heart failure, giving confidence to begin appropriate treatment immediately
- An alternative assessment to Cardiac echo, reducing pressure on waiting lists for ECG test, access to which is limited in many healthcare systems ¹¹
- Sensitive test enables diagnosis of systolic and diastolic ventricular dysfunction, even in mild and asymptomatic cases of heart failure ¹²

CK-MB

- Diagnosis of ACS and myocardial infarction (MI)
- CK-MB is indicative of reinfarction. ¹³
- Alongside with clinical risk scores, other biomarkers and ECG, it helps discriminate between takotsubo syndrome and MI. ¹⁴

Myoglobin

- Earliest marker to appear post-MI, in less than 2 hours after onset of chest pain
- Useful when the patient presents to physician very soon after onset of symptoms ¹⁵

CRP

- Future cardiac events are more frequent in patients with systemic inflammation, identified by high serum levels of C-reactive protein. ¹⁶
- Increases occur not only in infections, but also in the presence of systemic inflammation caused by myocardial infarction and other conditions.

PCT

- Differentiation of bacterial verses viral respiratory tract infection
- Determination of antibiotic treatment length in respiratory infections
- Diagnosis, risk stratification, and monitoring of sepsis and septic shock

