



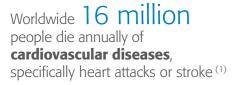
Delivering a diagnosis in only 2 hours



PIONEERING DIAGNOSTICS

Did you know?





Chest pain is among the top 10 reasons to visit an emergency department (ED), accounting for about 5% of all ED visits (2)



Expected prevalence of acute myocardial infarction (MI) in chest pain patients in the ED⁽³⁾

5-10% **STEMI***

15-20% NSTEMI**

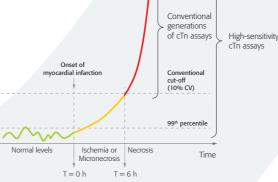
Optimize the management of ACS*** with high sensitivity troponins (4)

- New generation of **highly sensitive** troponin (cTn) assays allows earlier **detection of acute MI**, with shortening of time window for serial measurement to 3 hours.
- cTn has become a continuous variable with accurate measurement below the 99th percentile as well as small absolute changes within one or two hours. This has enabled development of algorithms for reliable rule-out and rule-in of acute MI within 2 hours.

Level of cTn Conventiona generations of cTn assays Conventior cut-off (10% CV) Normal levels Ischemia or Necros Time Micr T = 0 hT = 6 h

Diagnosis

- Mandatory tool, in addition to clinical assessment and ECG, to make a definitive diagnosis of acute MI.
- Serial measurement to differentiate acute from chronic cardiac myocyte damage.



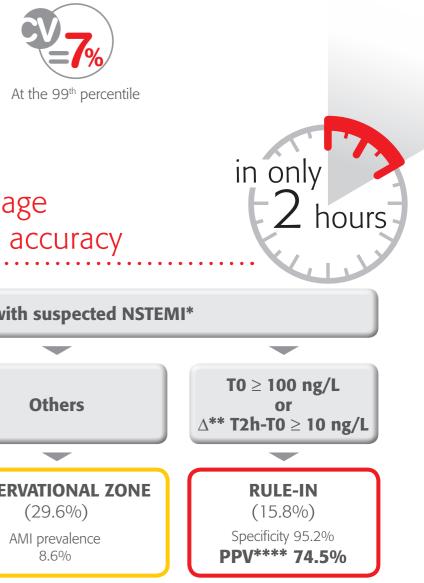
Risk stratification

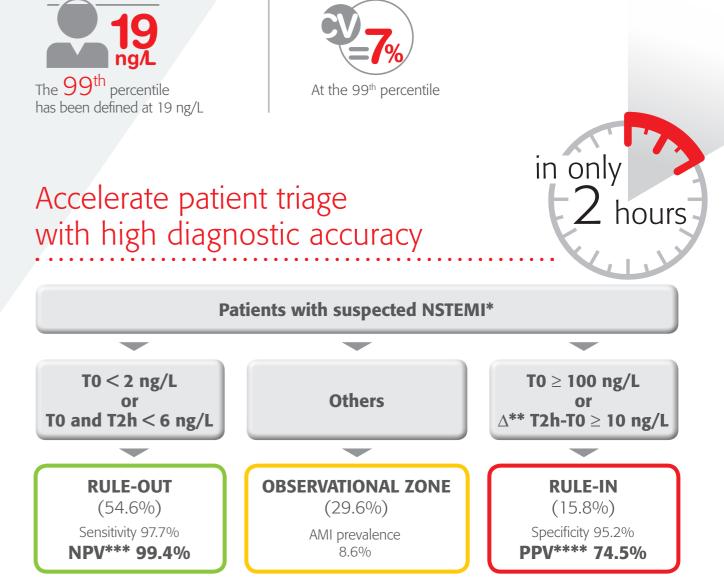
Additional tool in risk stratification to guide therapeutic decision making.

Deliver high performance Intended use:

- Aid in the diagnosis of myocardial infarction.
- Aid in the **risk stratification** of patients with symptoms suggestive of ACS with respect to relative risk of allcause mortality and major adverse cardiac events (MACE) consisting of MI and revascularization, at 30 days.







- Algorithm based on admission values and absolute changes within the first 2 hours.
- Delivers a diagnosis safe rule-out and accurate rule-in of acute MI (NSTEMI) in the vast majority (70%) of suspected chest pain patients.
- Shortens the time needed to triage chest pain patients in the ED (will obviate the need for prolonged monitoring with frequent serial blood sampling).

* ST – segment elevation myocardial infarction ** Non – ST – segment elevation myocardial infarction *** Acute Coronary Syndrome







Available on instruments of the VIDAS[®] family: VIDAS[®], mini VIDAS[®] and VIDAS[®] 3

	VIDAS [®] High sensitive Troponin I
Reference number	415386
Tests / kit	60
Time to result	20 min
Sample type	Serum, Plasma (Li Hep)
Sample volume	200 µL
Units	ng/L
Measuring range	4.9 – 40 000 ng/L
Limit of quantification (LoQ) Limit of detection (LoD) Limit of blank (LoB)	2.9-4.9 ng/L 1.3-3.2 ng/L 0.0-1.9 ng/L
Precision (99 th percentile for the global healthy population)	19 ng/L ; CV = 7.0%
Calibrators & Controls frequency	28 days

CARDIAC PANEL

High sensitive Troponin I, NT-proBNP2, Galectin-3, **CK-MB**, Myoglobin, Digoxin

REFERENCES

- 1. Lozano R, et al. Lancet.2012;380:2095-128.
- Bandstein N, et al. J Am Coll Cardiol. 2014;63:2569-78.
 Mueller C, et al. Eur Heart J. 2015 Aug 29. pii: ehv409. [Epub ahead of print]
- 4. Roffi M, et al. Eur Heart J. 2015 Aug 29. pii: ehv320. [Epub ahead of print]



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