



PATHFAST[®]

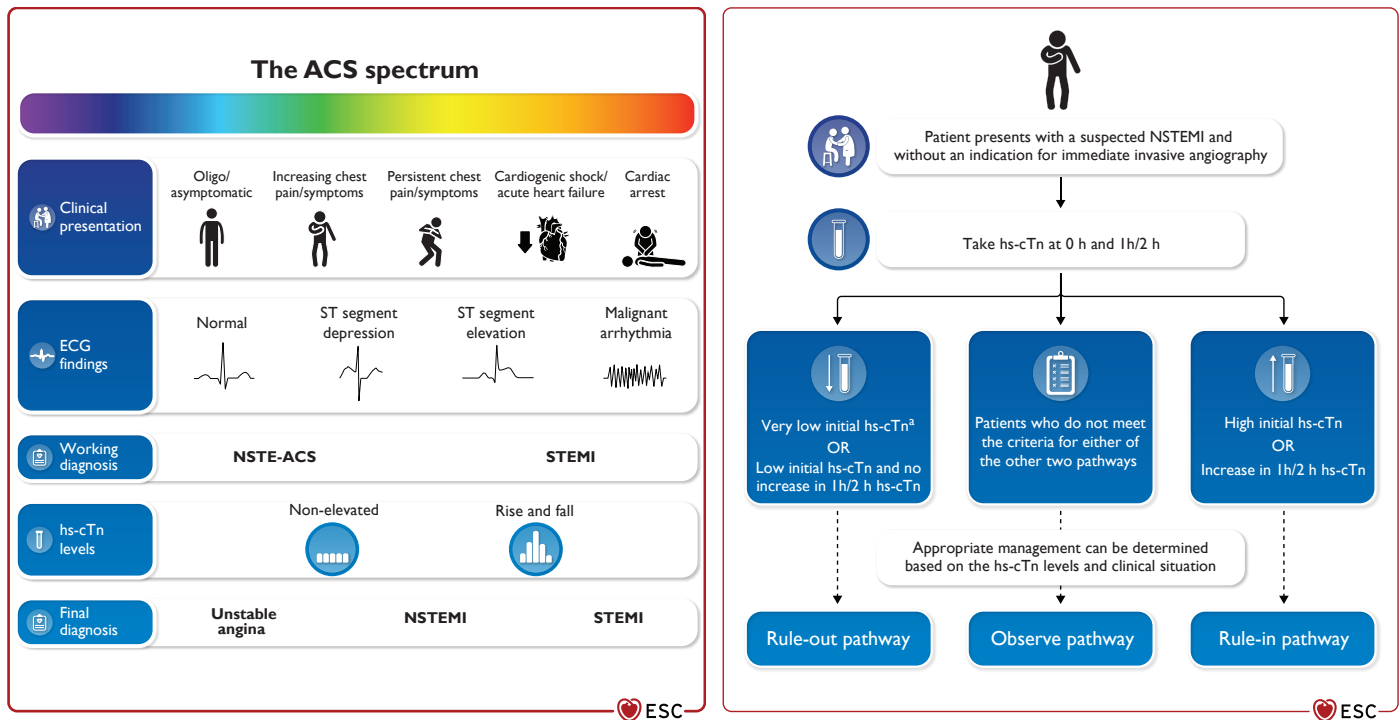
Cardiac & Sepsis Biomarker Analyzer



Lab-Quality
CLEIA
Technology



Quantitative Results
in < 17 Minutes.



It is recommended to measure cardiac troponins with high-sensitivity assays immediately after presentation and to obtain the results within 60 min of blood sampling

The use of biomarkers other than cTn for the diagnosis of ACS is not recommended.



The AHA/ACC guidelines recognize hs-cTnI as the preferred biomarker for the detection of myocardial injury and endorse the assay-specific overall 99th percentile upper reference limits.

PATHFAST hs-cTnI

PATHFAST hs-cTnI assay fits for the recommendations on the IFCC and ESC guidelines for the early detection of AMI.



29.0
ng/L



6.1
%

In clinical studies PATHFAST hs-cTnI has been evaluated for a 99th percentile upper reference limit of 29.0 ng/L at an imprecision of 6.1%, which is less than 10% and fits for the criteria of hs-cTnI, declared by IFCC.

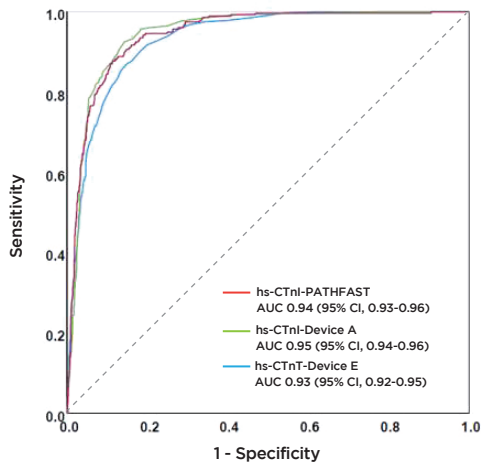
Criteria for a high sensitivity cTn assay

Recommendation from IFCC

99 th percentile of hs assays should be measured with an analytical imprecision of <10% CV	✓
hs-cTnI assays should measure cTn above the limit of detection (LOD) in 50% of healthy individuals	✓
Gender specific 99 th percentile values should be established for men and women.	✓

Recommendation from IESC guideline

New ESC guidelines of 2023 recommend to use an ESC algorithmic approach with serial hs-cTnI measurements (0 h/1 h or 0 h/2 h) to rule in and rule out NSTEMI.	✓
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Diagnostic discrimination of hs-CTnI-PATHFAST, hs-CTnI-Device A and hs-CTnT-Device E concentrations at presentation of NSTEMI. NSTEMI, non-ST-segment elevation myocardial infarction.

Source: Koechlin et al. Am Heart J 2024; 206: 20104-113.

Study reference - American Heart Journal, Feb 2024.

Study objective: American Heart Journal study on 1,500+ ED patients validates PATHFAST hs-cTnI for rapid NSTEMI rule-in/rule-out.

Conclusions: The POC hs-cTnI-PATHFAST assay allows rapid and effective rule-out and rule-in of NSTEMI using both a 0/1h- and a 0/2h-algorithm with high NPV/sensitivity for rule-out and high PPV/specificity for rule-in.

PATHFAST demonstrated equivalent performance to central laboratory systems based on CLEIA.

Assay and Time Point	ROC AUC (95% CI)
hs-cTnI-PATHFAST	
Presentation (=0h)*	0.94 (0.93-0.96)
1h**	0.97 (0.96-0.98)
2h***	0.97 (0.96-0.98)

Assay and Time Point	ROC AUC (95% CI)
Hs-cTnI-Device A	
Presentation (=0h)*	0.95 (0.94-0.96)
1h**	0.97 (0.96-0.98)
2h***	0.97 (0.96-0.98)

Assay and Time Point	ROC AUC (95% CI)
hs-cTnT-Device E	
Presentation (=0h)*	0.93 (0.92-0.95)
1h**	0.96 (0.94-0.97)
2h***	0.96 (0.94-0.97)



Available Markers

Cardiac Markers

hs-cTnI
hsCRP
NTproBNP
CK-MB
Myo

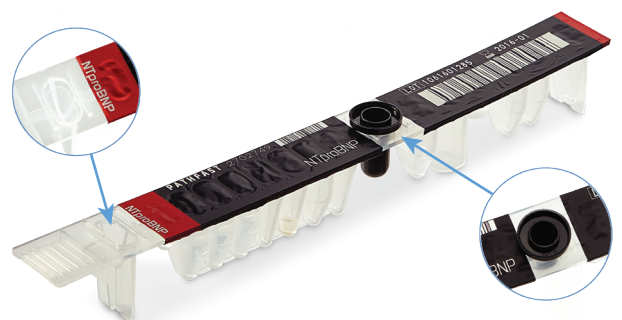
Sepsis Markers

P-SEP
PCT

DVT Marker

D-Dimer

Reagent Cartridge



- Magnetic particles
- ALP-conjugated antibody
- Chemiluminescent substrate
- Sample diluent
- Washing buffer

Technical Specifications

Instrument type	Cardiac and Sepsis Biomarker Analyzer		
Throughput	Up to 6 samples or assays per run		
Measuring time	<17 minutes for up to six simultaneous samples		
Sampling material	Whole blood, plasma		
Measuring principle	Chemiluminescence enzyme immunoassay technology (CLEIA) combined with proprietary Magtration™ technology		
Reaction temperature	37.5° C	Dimensions	13.5 in. W x 22.4 in. D x 18.7 in. H
Sample volume	100 µL	Electrical requirements	100 – 240 Voltage
Wavelength	300 – 650 nm	Monitor/keyboard	LCD Touchscreen
Data storage	Patient data: 1000	Printer & PC	Integrated
QC data	1800	Interface	RS-232C
CAL data	300	24-h operation (standby)	Yes
Data transfer	ASTM standard	Calibration	Factory calibration, 2-point calibration every 4 weeks
Weight	62 lbs		

Manufacturer:

PHC Corporation

2131-1 Minamigata, Toon, Ehime 791-0395, Japan

Marketed by:

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