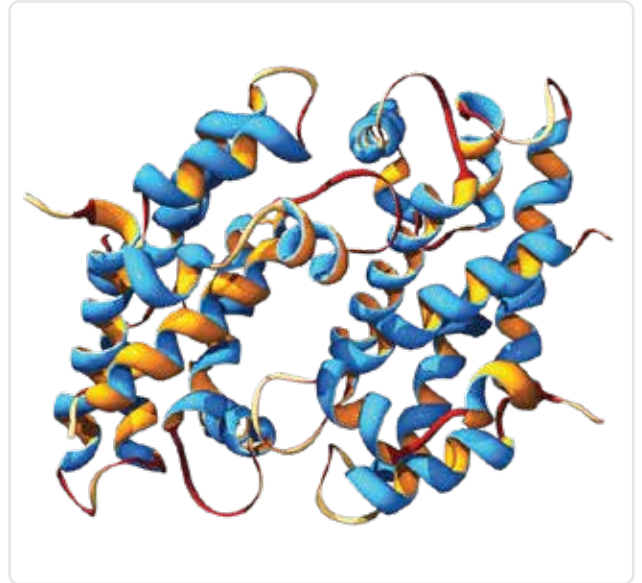


True point-of-care for Fecal Calprotectin

Fecal calprotectin is commonly used to help in differentiation between irritable bowel syndrome (IBS) and inflammatory bowel diseases (IBD). It is a sensitive and stable biomarker which is not affected by medication or dietary supplements. Quantitative results can give a clear answer for new diagnosis, as well as valuable tracking information for ongoing treatment.

Additionally, fecal calprotectin is an excellent predictor of relapse in patients with IBD. Clinicians depend on it to adapt their patient's treatment and to ease the severity of potential relapse. FCP can add information and value to an endoscopy, or in some cases eliminate the need for invasive procedures. With ProciseDx, this test can be done in under 5 minutes during a patient visit.

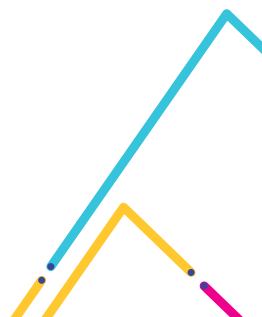


Real Impact

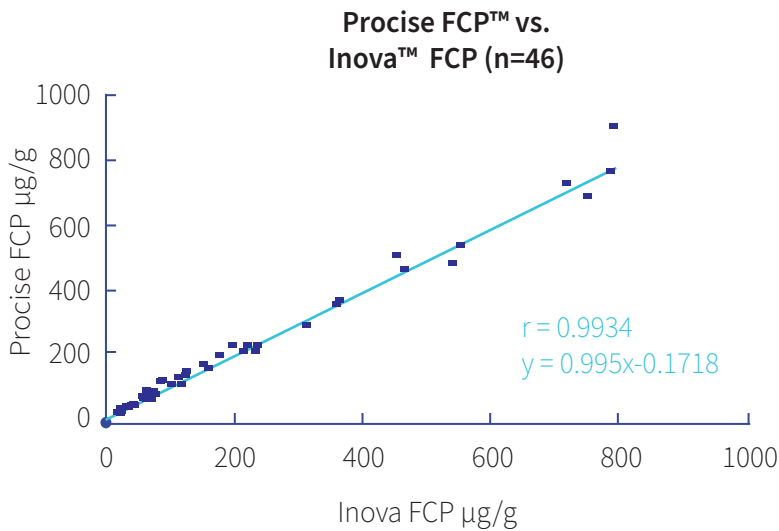
- ✓ on cost.
- ✓ on timing.
- ✓ on accreditation.
- ✓ on who can do the test and where.

Product Information

Sample Type	Stool from Procise Stool Collection Device
Quantitative Range	34 µg/g – 1500µg/g
Time to Results	5 minutes
Assay Stability	2 years at room temperature
Sample Stability	5 days after sample collection



Performance



Precision

Level	Avg[FCP] µg/g	%CV
Low QC	68.9	13.2%
High QC	199.0	6.6%
Low Sample	138.0	8.3%
Med Sample	516.8	3.9%
High Sample	1203.2	3.9%

Stool Collection Device

- Procise FCP uses a novel Stool Collection Device which improves the workflow for any technician.
- Any patient can use it for sample collection at a facility or at home.
- Once returned to the doctor's office, there is no messy weighing or handling of fecal material.



Ordering Information

Item	Cat #	Description	#/Kit
FCP Assay	4664	Kit for conducting assays	20
<i>In addition to 20 tests, the kit includes:</i>			
	5107	Buffer bulbs	20
	4866	FCP controls	2 Hi and 2 Low
	4913	Stool Collection Device Kit	20



“The real benefits of GI Point-of-Care testing are the clinical implications of faster diagnosis and monitoring. For example with an IBD patient that is flaring, I could confirm a flare with a CRP and Fecal Calpro, and then optimize the treatment right away.”

-Geert D'Haens, Professor of Gastroenterology at AMC & Director of European Operations at Robarts Clinical Trials