

## *Pro Chek® Dry Chemistry Analyzer*

*Chronic Disease Management Expert*

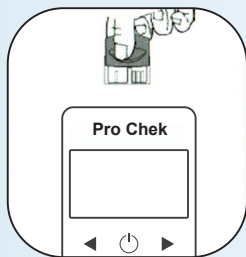
### Features

- ▶ Accuracy: Relative Deviation(RD)  $\leq 10\%$
- ▶ Precision: Coefficient of Variance (CV)  $\leq 5.0\%$
- ▶ Linearity: Correlation coefficient ( $r^2$ )  $\geq 0.980$
- ▶ Sample Volume: 20~40  $\mu\text{L}$  fingernail blood
- ▶ Results within 90~120 seconds
- ▶ Bluetooth enabled

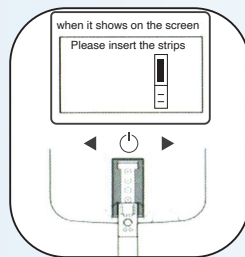


### Operation Procedure

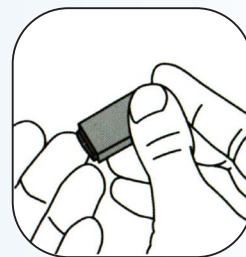
1 Power on and  
Install the IC card



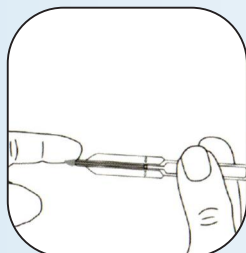
2 Insert the test strip



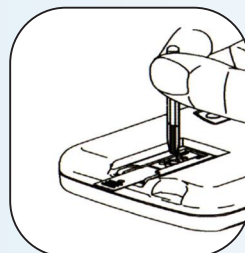
3 Acupuncture



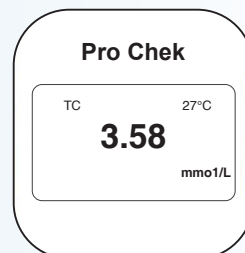
4 Collect blood



5 Drop blood into the card



6 Display result

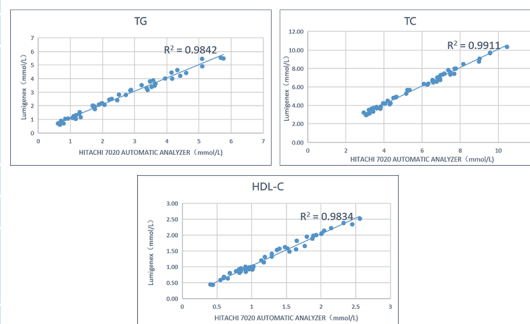


## Lipid Panel Test Strips

(Dry chemical method)

- Hyperlipidemia refers to one or more levels of blood lipid components such as cholesterol, triglyceride and total fat that exceed the normal standard.
- The Lipid Panel Test Strips are intended to directly measure the concentration of cholesterol (TC), HDL cholesterol (HDL-c) and triglycerides (TG), the concentration of LDL-c and the ratio of TC and HDL-c can be calculated according to the test results of TC, HDL and TG in whole blood.
- The combined detection of three blood lipids (total cholesterol, high-density lipoprotein cholesterol and triglyceride) can help to provide clinical reference for the diagnosis and treatment of lipoprotein metabolism disorders such as hyperlipidemia, atherosclerosis, nephropathy, liver disease and coronary heart disease. diabetes, atherosclerosis, nephropathy, liver disease and coronary heart disease.

Sampling volume	40μL fresh fingernail blood or fresh venous whole blood collected in EDTA or heparin tubes.
Accuracy	Relative Deviation (RD) ≤15%
Measuring range	TC: 2.59-11.70mmol/L(100-450mg/dL) HDL: 0.39-2.59mmol/L(15-100mg/dL) TG: 0.50-6.00mmol/L(45-530mg/dL) LDL-C to be calculated value TC/HDL-C to be calculated value
Within-batch variation	≤15%
Batch-to-batch variation	≤15%
Cut-off	TC: <5.18mmol/L (200mg/dL) TG: <1.70mmol/L(150mg/dL) LDL-C: <3.35mmol/L (129.54mg/dL) HDL-C: ≥1.04mmol/L (40mg/dL) TC/HDL-C: <4.98
Package	15T/Kit (CAT#: P13015) 50T/Kit (CAT#: P13050)

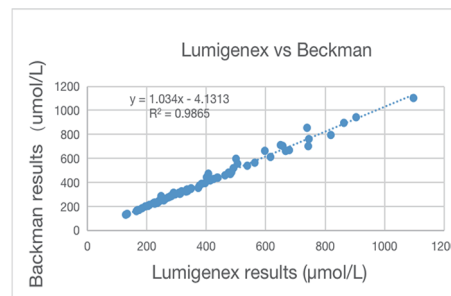


## Uric Acid Test Strips

(Dry chemical method)

- The uric acid test strips are suitable for in vitro quantitative detecting the concentrations of uric acid in whole blood or serum samples.
- Quantitative determination of uric acid excretion can help to determine the treatment regimen for hyperuricemia, and to determine whether patients should be treated with uric acid-stimulating excretion drugs for increased renal excretion, or treated with allopurinol to inhibit purine synthesis.

Sampling volume	20μL fresh fingernail blood or fresh venous whole blood collected in EDTA or heparin tubes.
Accuracy	Relative Deviation (RD) ≤15%
Measuring range	120μmol/L-1200μmol/L
Within-batch variation	≤15%
Batch-to-batch variation	≤15%
Cut-off	Male: 208μmol/L-428μmol/L (3.5mg/dL-7.2mg/dL) Female: 155μmol/L-357μmol/L (2.6mg/dL-6mg/dL)
Package	15T/Kit (CAT#: P29015) 50T/Kit (CAT#: P29050)

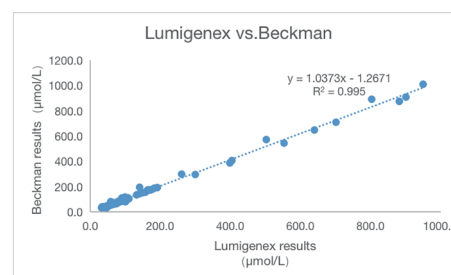


## Creatinine Test Strips

(Dry chemical method)

- The creatinine test strips are suitable for quantitative determination of creatinine concentration in whole blood or serum in vitro.
- Creatinine concentration can reflect the glomerular filtration rate. It is clinically used as a routine item for the monitoring and analyzing of renal function.

Sampling volume	20μL fresh fingernail blood or fresh venous whole blood collected in EDTA or heparin tubes.
Accuracy	Relative Deviation (RD) ≤15%
Measuring range	30.0μmol/L-1300μmol/L
Within-batch variation	≤15%
Batch-to-batch variation	≤15%
Cut-off	Male: 20-59 years old 57-97μmol/L; 60-79 years old 57-111μmol/L Female: 20-59 years old 41-73μmol/L; 60-79 years old 41-81μmol/L
Package	15T/Kit (CAT#: P30015) 50T/Kit (CAT#: P30050)



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# Lumigenex

## *Nano-Enhanced Time Resolved Fluorescence Immunoassay Analyzer* *LTRIC-600 / LTRIC-300*

### Product Highlights

- ▶ Nano-Enhanced TRFIA
- ▶ Rapid, sensitive and accurate quantitative POCT Platform
- ▶ Repeatability: CV < 10%
- ▶ Stability:  $\sigma < 10\%$
- ▶ Accuracy:  $\Delta n < 10\%$
- ▶ Linearity:  $r > 0.99$
- ▶ Test Time: < 10 sec/strip



### Test Menu

Inflammation	Cardiovascular Disease	Renal Injury	Others
PCT,CRP SAA,CRP/SAA	cTnI,CK-MB,Myo,cTnI/CK-MB/MYO H-FABP,cTnI/H-FABP,NT-proBNP D-Dimer	Urinary Microalbumin / Urine Creatinine (ACR)	PGI/PGII $\beta$ -HCG

### Operation Procedure



Power on Login  
and Insert IC card



Prepare and  
add sample



Insert the  
test strip



Read the result

## Test Menu

Item abbreviation	Storage temperature	Shelf-life	Sample type	Incubation time	Disease / Disorder
mALB/Cr (UACR)	2-8°C	18 months	Urine	15min	Chronic Kidney Disease
cTnl	2-8°C	18 months	WB/P/S	15min	Myocardial Infarction
CK-MB	2-8°C	18 months	WB/P/S	15min	Myocardial Injury
Myo	2-8°C	18 months	WB/P/S	15min	Myocardial Injury
cTnl / CK-MB / Myo	2-8°C	18 months	WB/P/S	15min	Acute Coronary Syndrome
NT-proBNP	4-30°C	18 months	WB/P/S	15min	Heart Failure
D-Dimer	2-8°C	18 months	WB/P	15min	DVT, PE
PCT	2-8°C	18 months	WB/P/S	15min	Serious Bacterial Infection
CRP	2-8°C	18 months	WB/P/S	5min	Bacterial Infection
SAA	2-8°C	18 months	WB/P/S	15min	Virus Infection
CRP / SAA	2-27°C	18 months	WB/S	7min	Inflammation
PGI / PGII	2-8°C	18 months	WB/P/S	15min	Gastric Adenocarcinoma

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# Microalbumin / Creatinine (ACR) Test Kit

## (Time Resolved Fluorescence Immunochromatographic Assay)

**ACR:** A priority marker for early renal screening, diagnosis and staging of chronic kidney disease.

### Global Clinical Practice Guidelines recommended:



2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease



2020 International Society of Hypertension Global Hypertension Practice Guidelines



2023 Chronic Kidney Disease and Risk Management: Standards of Care in Diabetes

## “ What is ACR ”

Microalbumin to creatinine ratio in urine.

### Clinical diagnostic value of ACR

#### Definition of CKD

Criteria for CKD (either of the following present for > 3 months)	
Markers of kidney damage (one or more)	Albuminuria (AER $\geq 30$ mg/24 hours; ACR $\geq 30$ mg/g [ $\geq 3$ mg/mmol]) Urine sediment abnormalities Electrolyte and other abnormalities due to tubular disorders Abnormalities detected by histology Structural abnormalities detected by imaging History of kidney transplantation
Decreased GFR	GFR $< 60$ ml/min/1.73 m <sup>2</sup> (GFR categories G3a-G5)

Abbreviations: CKD, chronic kidney disease; GFR, glomerular filtration rate.

#### Staging of CKD

Albuminuria categories in CKD				
Category	AER (mg/24 hours)	ACR (approximate equivalent)		Terms
		(mg/mmol)	(mg/g)	
A1	< 30	< 3	< 30	Normal to mildly increased
A2	30-300	3-30	30-300	Moderately increased*
A3	> 300	> 30	> 300	Severely increased**

Abbreviations: AER, albumin excretion rate; ACR, albumin-to-creatinine ratio; CKD, chronic kidney disease.  
 \*Relative to young adult level.  
 \*\*Including nephrotic syndrome (albumin excretion usually > 2200 mg/24 hours [ACR > 2220 mg/g; > 220 mg/mmol]).

#### Recommended population for ACR screening

- ▶ Patients with early chronic kidney disease
- ▶ Diabetic patients
- ▶ Hypertension patients

# Global Clinical Practice Guidelines



## KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease



### Review

#### The role of laboratory testing in detection and classification of chronic kidney disease: national recommendations

**Key Points:** KDIGO recommends the use of serum creatinine and estimated glomerular filtration rate (eGFR) to detect and classify chronic kidney disease (CKD). The use of serum creatinine alone is not sufficient to detect and classify CKD. The use of eGFR alone is not sufficient to detect and classify CKD. The use of both serum creatinine and eGFR is recommended to detect and classify CKD.

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### Introduction

Chronic kidney disease (CKD) is a common clinical condition with significant morbidity and mortality. The use of serum creatinine and eGFR to detect and classify CKD is recommended.

### AJKD

#### Canadian Society of Nephrology Commentary on the KDIGO Clinical Practice Guideline for CKD Evaluation and Management

**Key Points:** The Canadian Society of Nephrology (CSN) comments on the KDIGO Clinical Practice Guideline for CKD Evaluation and Management. The CSN recommends the use of serum creatinine and eGFR to detect and classify CKD.

### AJKD

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## 11. Chronic Kidney Disease and Risk Management: Standards of Care in Diabetes—2023

**Key Points:** The American Diabetes Association (ADA) recommends the use of serum creatinine and eGFR to detect and classify CKD.

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## 2020 International Society of Hypertension Global Hypertension Practice Guidelines

**Key Points:** The International Society of Hypertension (ISH) recommends the use of serum creatinine and eGFR to detect and classify CKD.

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## Advantage

### Quick



Power on and insert IC card



Sampling and incubation



Testing

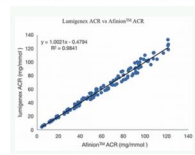
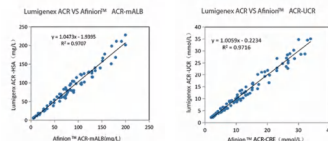


Display results in 15 seconds

### Accurate



#### Compared with ACR of Abbott Afinion, it has excellent correlation



Global Patented methodology: Nano-enhanced time-resolved fluorescence immunoassay

### Convenient



#### Random urine sample

Correction with urine creatinine can eliminate the influence of urine volume on the excretion of original albumin, and avoid the shortcomings of 24-hour urine protein quantification due to poor compliance of patients and high error of urine volume collection.

#### Easy maintenance

Analyzer can be continuous working 24 hours and almost no maintenance required.

## Order information

Microalbumin/Creatinine (ACR) Test Kit	Package	Qualification
	20 tests/kit	CE, NMPA
Time-Resolved Fluorescence Immunoassay Analyzer	Model	Qualification
	LTRIC-600	CE, NMPA



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