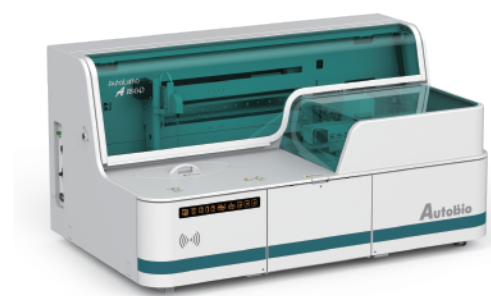


【 Reagent Catalogue 】

Type	CAT.NO.	Product
Myocardial Infarction Markers	CMH0102	MYO
	CMH0302	CK-MB
	CMH0202	cTnl
	CMH0602	HS-cTnT
Heart Failure Markers	CMH0402	NT-proBNP
	CMH0402	BNP
Fibrinolytic Markers	CMH0702	D-Dimer
Inflammation Markers	CMR0102	hs-CRP

【 AutoLumo 】



AutoLumo *A1860*

- ❖ Size : 1200 * 736 * 635 mm
- ❖ Weight : 183 kg
- ❖ Throughput : 180 T/h
- ❖ Sample Capacity : 60
- ❖ Reagent Position : 25



AutoLumo *A2000 Plus*

- ❖ Size : 1374 * 950 * 1200 mm
- ❖ Weight : 390 kg
- ❖ Throughput : 200 T/h
- ❖ Sample Capacity : 100
- ❖ Reagent Position : 24

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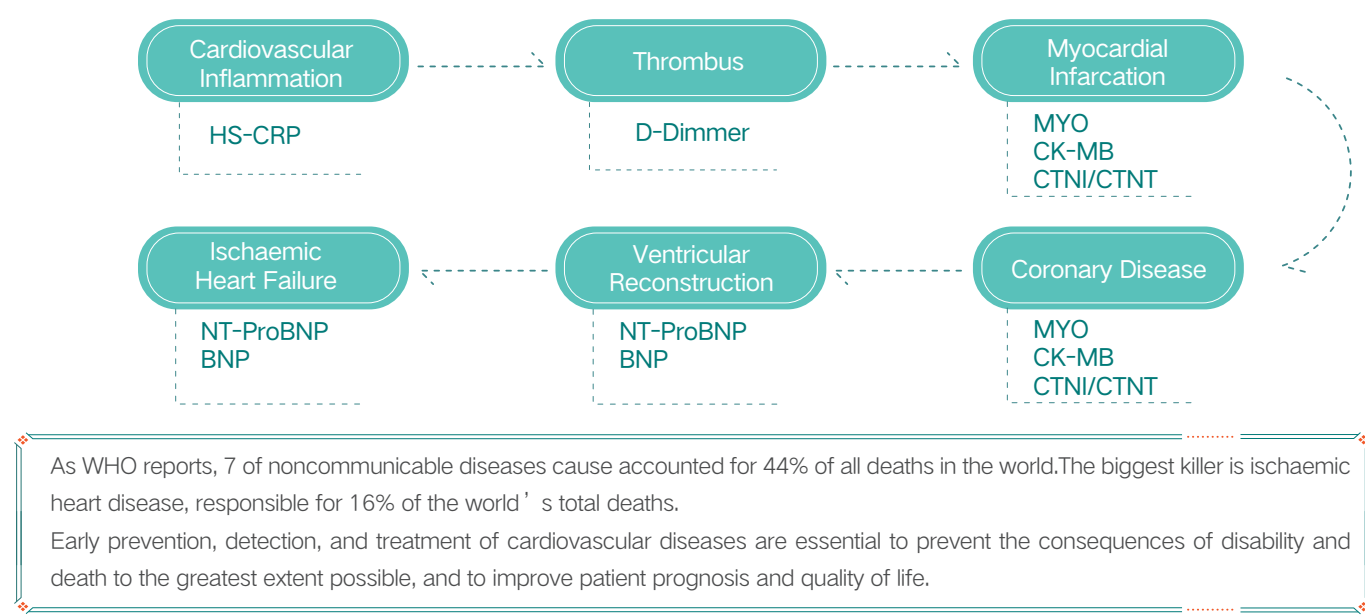


Cardiac Markers
CLIA Microparticles

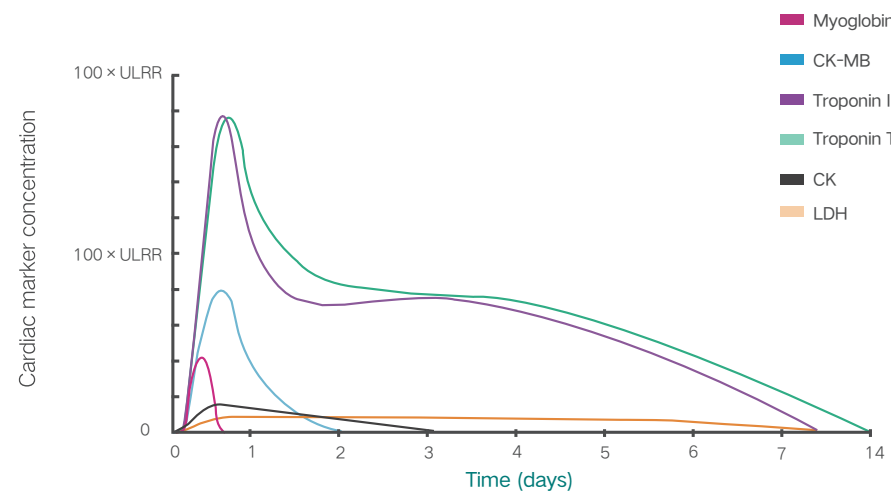
- Myoglobin
- CK-MB
- HS-CTNT
- CTNI
- NT-proBNP
- BNP



【 Cardiovascular Disease Process 】



【 Cardiac Markers 】

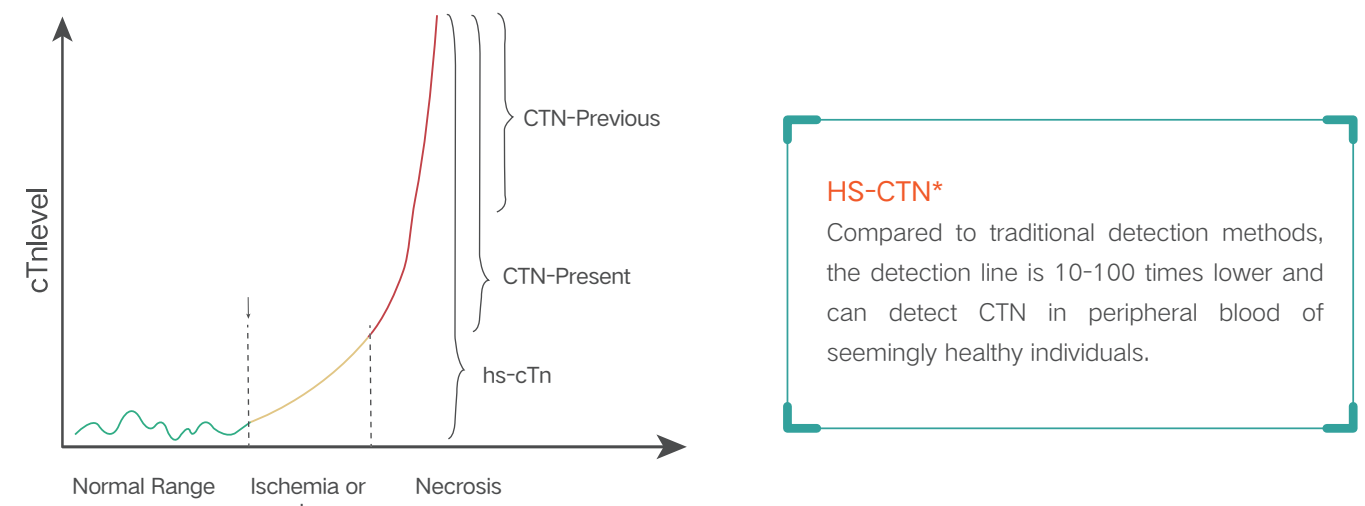


Cardiac Markers	Molecular mass (kD)	Hours after symptom onset	Duration of detection	Sensitivity	Specificity
Myoglobin	16	1.5 – 2 hours	8 – 12 hours	+++	+
CK-MB	83	2 – 3 hours	1 – 2 days	+++	+++
Troponin I (CTNI)	33	3 – 4 hours	7 – 10 days	++++	++++
Troponin T (CTNT)	38	3 – 4 hours	7 – 14 days	++++	++++

【 Differentiate Diagnosis of Acute Chest Pain 】

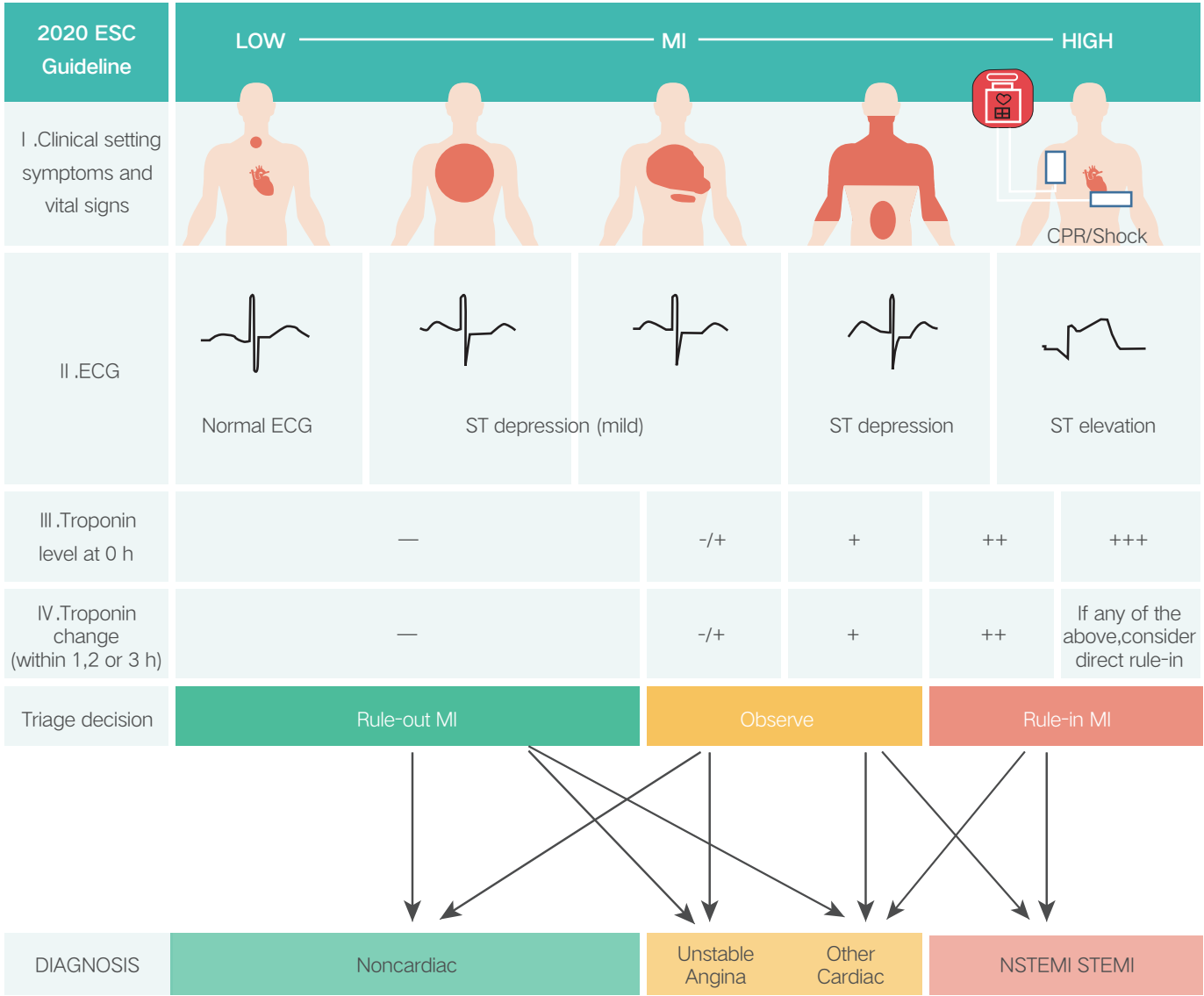
Chest pain is the most common cause of emergency treatment, accounting for approximately 5% of the total number of emergency treatments. Its causes are diverse, and clinical risks can be classified into different levels, with the highest reaching sudden death. Cardiogenic chest pain accounts for approximately 55% of emergency chest pain. Clinicians need to make a comprehensive diagnosis based on the patient's vital signs, electrocardiogram, imaging, and biomarkers.

【 HS-CTNT/HS-CTNI 】



【 BNP/NT-proBNP 】

Item	NT-proBNP	BNP
Half-Life	60-120 min	22 min
Reflecting Blood Changes	12 h	2 h
Monitoring Value	More conducive to prognosis evaluation	Real-time reflection of the patient's condition
Impact	Diuretic	① Reorganize human BNP ② Drug BNP levels containing neutralinopase inhibitors will also rise.
Cut-off	Exclude : 100 pg/mL Diagnose : < 50 years-old : 450 pg/mL 50-75 years-old : 900 pg/mL > 75 years-old : 1800 pg/mL	Exclude : 100 pg/mL Diagnose : 400 pg/mL
In vitro stability	Normal Temperature 72 h	Normal Temperature 4 h



New key recommendations

【 Diagnosis 】

As an alternative to the ESC 0 h/1 h algorithm, it is recommended to use the ESC 0 h/2 h algorithm with blood sampling at 0h and 2 h, if an hs-cTn test with a validated 0 h/2 h algorithm is available.

For diagnostic purposes, it is not recommended to routinely measure additional biomarkers suchas CK, CK-MB,h-FABP, or copeptin, in addition to hs-cTn.