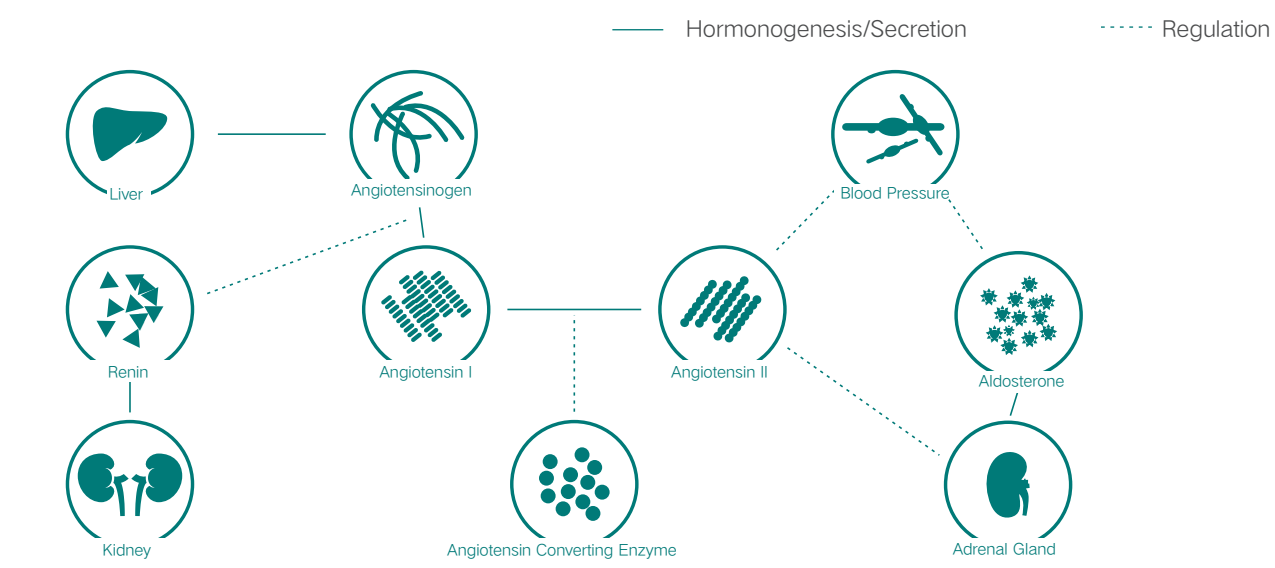
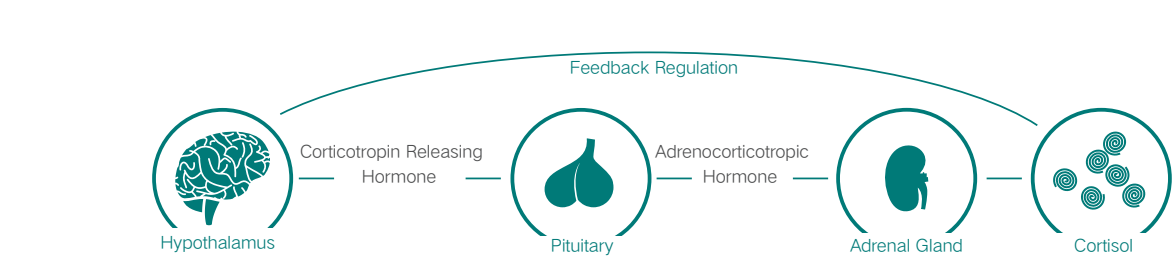


Renin-Angiotensin-Aldosterone System (RAAS)



Renin-angiotensin-aldosterone System (RAAS): The kidney begins to secrete renin, which catalyzes the conversion of angiotensinogen to angiotensin I, after blood pressure decreases. Subsequently, angiotensin I can be converted into angiotensin II under the catalytic action of angiotensin converting enzyme (ACE). Angiotensin II constricts blood vessels, leads to elevated blood pressure and stimulates the secretion of aldosterone, which has the effect of retaining sodium, discharging potassium and elevating blood pressure. Therefore, the detection of RAAS is of great significance for the diagnosis of hypertension.

Hypothalamic-pituitary-adrenal axis (HPA)



Hypothalamic-pituitary-adrenal axis (HPA): In the stress response of human body, the hypothalamus will release corticotropin releasing hormone (CRH) which stimulates the secretion of adrenocorticotrophic hormone (ACTH) from the pituitary. ACTH acts on the adrenal cortex to secrete cortisol. Meanwhile, cortisol has a feedback-inhibition to the hypothalamus and pituitary, achieving a self-stabilization. Adrenal diseases such as hypercortisolism, pheochromocytoma, primary hyperaldosteronism and congenital adrenal cortical hyperplasia can cause secondary hypertension and disorder of HPA axis. Therefore, the detection of HPA dysfunction is of great significance for the diagnosis of secondary hypertension.

Product	Pack Size	Cat.No.
Aldosterone	100 T	CMD0102
ACTH	100 T	CMD0202
Cortisol	100 T	CMD0302
Renin	100 T	CMD0402
Angiotensin II	100 T	CMD0502

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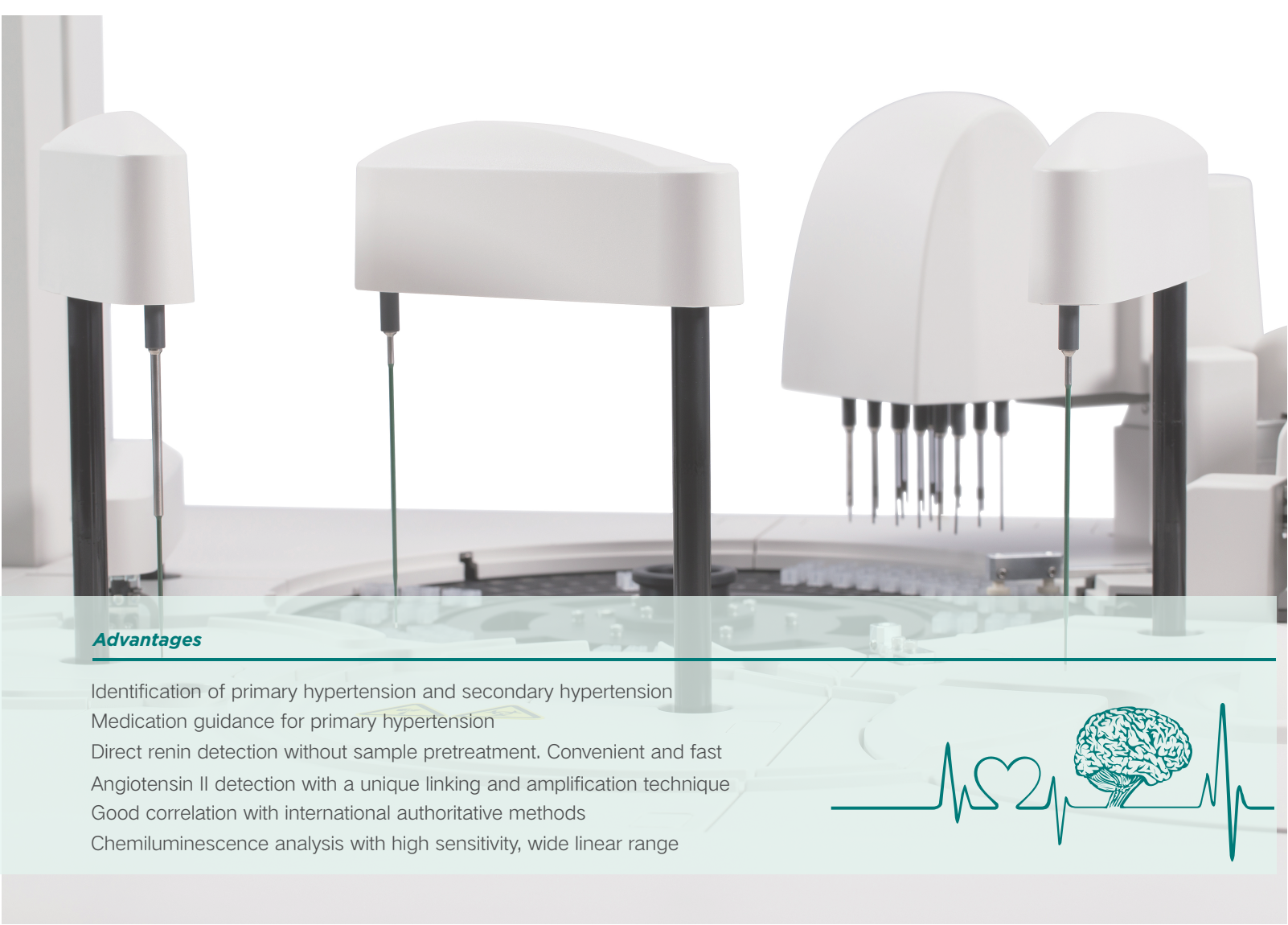
AutoLumo Hypertension 20241209e

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AutoLumo Hypertension

- Cat. No.: Aldosterone--CMD0102
- ACTH--CMD0202
- Cortisol--CMD0302
- Renin--CMD0402
- Angiotensin II--CMD0502





#### Advantages

Identification of primary hypertension and secondary hypertension  
Medication guidance for primary hypertension  
Direct renin detection without sample pretreatment. Convenient and fast  
Angiotensin II detection with a unique linking and amplification technique  
Good correlation with international authoritative methods  
Chemiluminescence analysis with high sensitivity, wide linear range



### Angiotensin II

- ✂ Convenient and fast test without sample extraction
- ✂ Unique linking and amplification technique

#### Clinical Significance:

- 1 Monitor the effects of drugs and evaluate medicine efficacy
- 2 Provide evidence for the classification and diagnosis of various kinds of hypertension and renal dysfunction
- 3 Auxiliary diagnosis of primary hyperaldosteronism, unilateral renal artery stenosis, adrenocortical hyperfunction, primary hypertension, etc.

#### Performance Parameters:

- 1 Limit of Detection: 4.00 pg/mL
- 2 Linearity Range: 10 pg/ml - 1000 pg/ml
- 3 Onboard Stability: 28 days
- 4 Repeatability:CV≤10.0%

Note: Detailed parameters refer to the IFU of Angiotensin II CLIA Microparticles

### Aldosterone

#### Clinical Significance:

- 1 Auxiliary diagnosis of primary hyperaldosteronism and secondary hyperaldosteronism
- 2 Auxiliary diagnosis of adrenocortical hypoactivities such as Addison's disease
- 3 Identification of selective hypoaldosteronism and primary hypoaldosteronism

#### Performance Parameters:

- 1 Limit of Detection: 16.32 pg/mL
- 2 Linearity Range: 40 pg/ml - 310 pg/ml
- 3 Onboard Stability: 28 days
- 4 Repeatability:CV≤10.0%

Note: Detailed parameters refer to the IFU of Aldosterone CLIA Microparticles



### Adrenocorticotrophic hormone (ACTH)

#### Clinical Significance:

Identification of hypercortisolism and functional status evaluation of hypothalamic-pituitary-adrenal axis (HPA)

- 1 Auxiliary diagnosis of adrenocortical tumor
- 2 Therapy observation of operation, radiotherapy and medication
- 3 Auxiliary diagnosis of pituitary-dependent hypercortisolism
- 4 Auxiliary diagnosis of ectopic ACTH syndrome

#### Identification of adrenocortical insufficiency:

- 1 Auxiliary diagnosis of primary adrenocortical hypofunction and congenital adrenocortical hyperplasia
- 2 Auxiliary diagnosis of secondary adrenal insufficiency caused by hypothalamic or adenohypophysis dysfunction

#### Performance Parameters:

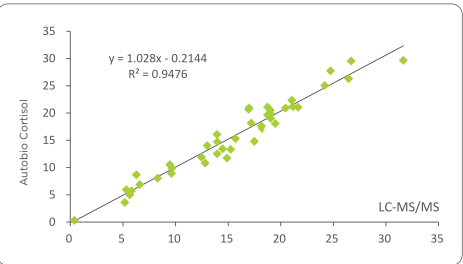
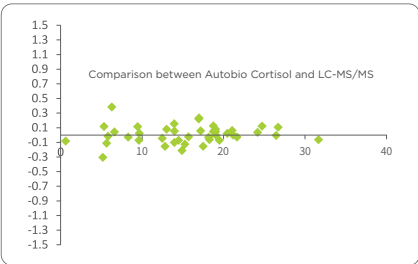
- 1 Limit of Detection: 2.52 pg/mL
- 2 Linearity Range: 1 pg/ml - 2000 pg/ml
- 3 Onboard Stability: 28 days
- 4 Repeatability:CV≤10.0%

Note: Detailed parameters refer to the IFU of ACTH CLIA Microparticles

### Cortisol

#### Clinical Significance:

- 1 Auxiliary diagnosis of functional adrenal disease and Cushing's syndrome
- 2 Identification of primary or secondary adrenocortical hypofunction, such as Addison's disease, adrenal tuberculosis and adrenalectomy
- 3 Auxiliary diagnosis of hypofunction of anterior pituitary gland
- 4 Direct functional evaluation of adrenal gland and indirect functional evaluation of hypophysis



#### Performance Parameters:

- 1 Limitof Detection:0.20 µg/dL
- 2 Linearity Range:0.1 µg/dL- 60 µg/dL
- 3 Onboard Stability: 28 days
- 4 Repeatability:CV≤10.0%

Note: Detailed parameters refer to the IFU of Cortisol CLIA Microparticles

### Renin

- ✂ Direct, quantitative detection of active renin in the specimens with monoclonal antibody
- ✂ Replace the traditional method of renin evaluation by calculating enzyme activity
- ✂ Trace to WHO international standard substance NTBSC68/356

#### Clinical Significance:

- 1 Great significance for the diagnosis of primary hyperaldosteronism
- 2 Diagnosis of renovascular hypertension due to renal artery stenosis
- 3 Provide effective information for the occurrence of cardiovascular complications in primary hypertension patients
- 4 Help clinicians interpret whether to conduct a renal vascular imaging

#### Performance Parameters:

- 1 Limit of Detection: 0.75 pg/mL
- 2 Linearity Range: 4 pg/ml - 500 pg/ml
- 3 Onboard Stability: 28 days
- 4 Repeatability:CV≤10.0%

Note: Detailed parameters refer to the IFU of Renin CLIA Microparticles