Differentiate between Inflammatory Bowel Disease (IBD) and Irritable Bowel Syndrome (IBS) with a non-invasive marker of inflammation\(^1\)

**QUANTA Flash Calprotectin displays high negative predictive value**\(^1\)

- High negative predictive values (NPV) of QUANTA Flash Calprotectin enable confident discrimination between IBD and IBS
- In a recent study, QUANTA Flash Calprotectin had significantly lower total imprecision than FEIA\(^2\)
- With a broad analytical measuring range of up to 3,500 mg/kg, QUANTA Flash Calprotectin reduces reruns and supports follow up testing
Significant cost savings can be achieved when fecal calprotectin screening is used to rule out IBD

The difficulty in distinguishing between IBD and IBS may result in patients being subject to invasive procedures such as endoscopy. Calprotectin is a noninvasive solution to aid in the differential diagnosis.

Given the high negative predictive value of calprotectin in patients with symptoms of IBD, testing with calprotectin may be useful in pre-selecting patients for further endoscopic evaluation of IBD.

In this Swedish cohort, screening patients with calprotectin were projected to reduce costs by 65% through avoidance of endoscopy in 2,435 patients. This study assumed a NPV of 93%. However, approximately 1.7% of patients may be false-negative and require further clinical assessment to establish a diagnosis of IBD.

This analysis shows the cost-effectiveness of using fecal calprotectin to minimize unnecessary endoscopy procedures in a cohort of Swedish patients. Of the total 3,639 patients in the retrospective study, endoscopies could be reduced by 67% using a fecal calprotectin cutoff of 100 mg/kg. This corresponded to a cost savings of approximately € 2.13 million.

Screening with calprotectin could result in a cost savings of over € 2 million in this cohort.
Simplify the fecal extraction procedure

The Fecal Extraction Device provides a significant improvement over the manual weighing method of extraction. The grooved stick collects the right amount of sample which is then added to the extraction buffer contained in the tube.

Convenient

- The fecal extract is stable for 72 hours at room temperature, for 14 days at 2-8°C, or for 90 days frozen with up to 4 freeze thaw cycles
- The extracted sample tube can be placed directly on BIO-FLASH® for testing, following centrifugation

Rapid

The Fecal Extraction Device decreases hands on time by 80% compared with manual weighing method.³

Accurate

The Fecal Extraction Device correlates strongly (R = 0.975) with manual weighing method.

Linear regression analysis comparing the results obtained using the Fecal Extraction Device vs the standard weighing procedure.¹
BIO-FLASH®

Improves laboratory workflow and productivity
- Fecal Extraction Device tube is placed directly on BIO-FLASH for maximum workflow efficiency
- Eliminates batching and reagent waste with stable on board reagents
- Simultaneous random access processing of all isotypes and assays from a single sample
- Delivers results, including STAT orders, in as little as 30 minutes
- Generates up to 450 results in a single shift
- Independent sample and reagent probes minimize contamination, allowing serum and fecal samples to be processed simultaneously

Helps reduce test send outs
- Makes even the most specialized assays efficient to perform with stable calibration curves

Frees up floor space
- Small benchtop analyzer achieves excellent throughput

<table>
<thead>
<tr>
<th>Product</th>
<th>Product #</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUANTA Flash Calprotectin</td>
<td>701350</td>
</tr>
<tr>
<td>QUANTA Flash Extraction Buffer</td>
<td>701354</td>
</tr>
<tr>
<td>Fecal Extraction Device (100 units)</td>
<td>504837</td>
</tr>
</tbody>
</table>

References
1. QUANTA Flash Calprotectin directional insert.
5. Fecal Extraction Device directional insert.

www.inovadx.com
San Diego, CA 92131 USA

BIO-FLASH is a registered trademark of Biokit S.A. QUANTA Flash is a trademark of Inova Diagnostics, Inc. © 2018 Inova Diagnostics, Inc. All rights reserved.
©90381 October 2018 Rev. 2