



# AFINION™ 2 ANALYSER

Make Every Minute Count

ACR | CRP | HbA1c | LIPID PANEL



Now you and your medical staff can perform four important tests right in the medical office, clinic and retirement home, and other facilities such as pharmacies, quickly and accurately at the point of care.



## IMMEDIATE RESULTS. RAPID DIAGNOSIS. BETTER TREATMENT DECISIONS.

There is no longer a need to send out samples to the lab, wait for results and have your patients return for follow-up visits to receive a diagnosis and begin treatment. The Afinion™ 2 System makes it easy to do accurate testing right at the point of care for on-the-spot results, faster diagnosis and well-informed treatment decisions. Now medical staff can save time and money by improving workflows and reducing the need for patient follow-up visits.

For chronic conditions such as diabetes and lipid disorders, the rapid, accurate results of lipid panel, glycated hemoglobin (HbA1c) and albumin-creatinine ratio (ACR) allow you to monitor the effectiveness of a patient's protocol and make medication and lifestyle recommendations — all while the patient is in front of you.

Many patients, like those with metabolic syndrome, have comorbid conditions, such as high lipids and diabetes, that make the four tests on one platform even more helpful.

For acute situations such as possible infectious diseases, the C-reactive protein (CRP) test helps you assess the seriousness of the infection and is especially useful for enhancing treatment decisions in patients with lower respiratory tract infections. CRP testing has been shown to reduce the prescription of unnecessary antibiotics without compromising patient care, which helps reduce the growing threat of antimicrobial resistance while also avoiding potential adverse side effects of unnecessary antibiotics to the patient.

## PATIENTS SAVE TIME AND IMPROVE THEIR COMPLIANCE

When patients have their tests performed and results given while interacting with medical staff, they can begin any necessary treatment faster. This helps improve their outcomes and reduces the risk of late complications. The Afinion™ 2 Analyser also improves patient compliance and satisfaction because there is less need for them to return for numerous follow-up visits or travel to a separate lab.



## AFINION™ LIPID PANEL

Test for the quantitative determination of total cholesterol (Chol), high density lipoprotein (HDL), low density lipoprotein (LDL), triglycerides (Trig), non-HDL and Chol/HDL ratio in whole blood, serum and plasma. The test supports the early detection of patients at risk of developing cardiovascular disease, especially patients with diabetes, hypertension or metabolic syndrome.<sup>1,2</sup> Traceable to Cholesterol Reference Method Laboratory Network.



**7-MINUTE  
TEST TIME**



**15 µL  
SAMPLE  
VOLUME**

Capillary blood,  
serum, plasma,  
EDTA and heparin



**6 RESULTS  
FROM 1 TEST**

Includes:  
Chol, HDL, LDL,  
Trig, non-HDL and  
Chol/HDL ratio in whole  
blood, serum and plasma



## AFINION™ HbA1c

Test for the quantitative determination of glycated hemoglobin (HbA1c) in human whole blood samples that can be used to monitor patients with diabetes mellitus. The test can also be used as an aid in the diagnosis and identification of patients at increased risk of developing diabetes. HbA1c point-of-care testing has been shown to improve glycaemic control<sup>3-9</sup> and lead to operational and economic benefits.<sup>10-12</sup>

### HbA1c TESTING RECOMMENDATIONS<sup>13</sup>

- Perform the HbA1c test at least two times a year in patients who are meeting treatment goals (and who have stable glycaemic control).
- Perform the HbA1c test quarterly in patients whose therapy has changed or who are not meeting glycaemic goals.



**3-MINUTE  
TEST TIME**



**1,5 µL  
SAMPLE  
VOLUME**

Capillary and  
venous whole blood



**NO INTERFERENCE  
FROM COMMON  
HEMOGLOBIN  
VARIANTS**



**NGSP AND  
IFCC CERTIFIED**



## AFINION™ ACR

Test for the quantitative determination of albumin, creatinine and albumin-creatinine ratio (ACR) in human urine for the early detection of kidney disease in patients with diabetes and/or hypertension. Chronic kidney disease is a major and growing health burden. The prevalence is 8%–16% in the general population<sup>14</sup> and more than double as high in patients with diabetes.<sup>13</sup>

### REFERENCE RANGE<sup>13</sup>

ALBUMINURIA CATEGORIES	ACR SPOT URINE COLLECTION	
	mg/g	mg/mmol
NORMAL TO MILDLY INCREASED	< 30	< 3
MODERATELY INCREASED	30–299	3–29
SEVERELY INCREASED	≥ 300	≥ 30

At least once a year, assess urinary albumin (e.g., spot urinary albumin-to-creatinine ratio) in patients with type 1 diabetes with duration of ≥ 5 years and in all patients with type 2 diabetes regardless of treatment.

- Patients with urinary albumin > 3 mg/mmol (> 30 mg/g) creatinine should be monitored twice annually to guide therapy.



## AFINION™ CRP

Test for the quantitative determination of C-reactive protein (CRP) in human whole blood and in human serum and plasma. In patients presenting with lower respiratory tract infection, the unnecessary administration of antibiotics can be avoided without compromising patient safety.<sup>15–18</sup> A low CRP result indicates a viral or self-limiting bacterial infection.\*

### EUROPEAN RESPIRATORY GUIDELINES OF ERS AND ESCMID FOR THE MANAGEMENT OF ADULT LOWER RESPIRATORY TRACT INFECTIONS<sup>19</sup>

CRP RAPID TEST		
< 20 mg/L	20–100 mg/L	> 100 mg/L
PNEUMONIA HIGHLY UNLIKELY		PNEUMONIA LIKELY

- Point-of-care testing helps to reduce diagnostic uncertainties and enable a more targeted and responsible use of antibiotics.
- Tests performed in a primary care context can reduce antibiotic prescriptions for respiratory tract infections by up to 42%.<sup>15,20–23</sup>

\*CRP tests at the point of care should always be interpreted in combination with a clinical assessment.



**5-MINUTE  
TEST TIME**



**3,5 µL  
SAMPLE  
VOLUME**

Spot urine sample



**< 6% VARIATION  
COEFFICIENT**



**MEASURING  
RANGE**

Albumin: 5,0–200,0 mg/L  
Creatinine: 1,5–30,0 mmol/L  
ACR: 0,1–140,0 mg/mmol  
Creatinine: 16,4–339,9 mg/dL  
ACR: 1,0–1.225,0 mg/g



**3-MINUTE  
TEST TIME**



**2,5 µL  
SAMPLE  
VOLUME**

Capillary blood, serum,  
plasma, EDTA, heparin



**MEASURING  
RANGE**

Whole Blood: 5–200 mg/L  
Serum and Plasma: 5–160 mg/L



**AUTOMATIC  
HEMATOCRIT  
CORRECTION**

# AFINION™ 2 ANALYSER

Make Every Minute Count

The Afinion™ 2 Analyser is the result of years of continuous product innovation and delivers actionable point-of-care testing results in just a few minutes.



## RESULTS AT THE POINT OF CARE

You can discuss the results directly with the patient and adjust the treatment as needed. You no longer have to wait for results from the lab, optimising your time and patient management.



## EASY TO USE AND MINIMAL TRAINING

- Multiple analytes on one instrument
- Low sample volume and no sample preparation
- Colour touch screen
- No user calibration
- No maintenance required
- Quality control and operator lockout



## SAVES TIME AND INCREASES PRODUCTIVITY

- Delivers test results in minutes
- Test contains all necessary reagents, with an integrated capillary for blood or urine collection
- Time is saved in the physician office since there are fewer follow-up calls and appointments required<sup>10-12</sup>



## STATE-OF-THE-ART TECHNOLOGY

- Reliable, highly accurate results
- HbA1c test standardisation certified by IFCC and NGSP
- Integrated fault-detection system for increased safety
- USB port for optional barcode scanner and printer
- Connection to LIS/HIS or physician office software
- U.S. FDA CLIA-waived clearance — HbA1c



# 3-step Procedure

- 1** COLLECT THE SAMPLE WITH THE INTEGRATED SAMPLING DEVICE.



- 2** PLACE THE SAMPLING DEVICE BACK IN THE TEST CARTRIDGE.



- 3** PLACE THE TEST CARTRIDGE IN THE ANALYSER AND CLOSE THE LID. THE PROCESSING STARTS AUTOMATICALLY. THE RESULT IS DISPLAYED IN MINUTES.



ERS: European Respiratory Society

ESCMID: European Society of Clinical Microbiology and Infectious Diseases

1. Arnett DK, et al. 2019 ACC/AHA guideline on the primary prevention of cardiovascular disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2019;140:e596-e646. doi:10.1161/CIR.0000000000000678.
2. Mach F, et al. 2019 ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce cardiovascular risk. *Eur Heart J*. 2019;41(1):111-188.
3. Egbunike V, Gerard S. *Diabetes Educator*. 2013;39:66-73.
4. Shepard MD. *Clin Biochem Rev*. 2006;27:161-170.
5. Rust G, Gailor M, et al. *Int J Healthcare Qual Assurance*. 2008;21(3):325-335.
6. Miller CD, Barnes CS, Phillips LS, et al. *Diabetes Care*. 2003;26(4):1158-63.
7. Petersen JR, et al. *Diabetes Care*. 2007;30(3):713-15.
8. Cagliero E, et al. *Diabetes Care*. 1999;22(11):1785-1789.
9. Pillay S, et al. *SAMJ*. 2019;109(2):112-115.
10. Patzer KH, Schnell O, et al. *J Diabetes Sci Technol*. 2018;12(3):687-694.
11. Lewandrowski E, Crocker JB, et al. *Clinica Chimica Acta*. 2017;473:71-74.
12. Crocker JB, Lee-Lewandrowski E, et al. *Am J Clin Pathol*. 2014;142:640-646.
13. American Diabetes Association. 6-Glycemic targets: standards of medical care in diabetes 2020. *Diabetes Care*. 2020;43(Suppl 1):S66-S76.
14. Norris KC, et al. *BMC Nephrology*. 2018;19:36. doi:10.1186/s12882-018-0821-9.
15. Butler CC, et al. *The New England Journal of Medicine*. 2019;381(2):111-120.
16. Verbakel JY, et al. *BMJ Open*. 2019;9:e025036.
17. Cooke J, Llor C, Hopstaken R, et al. *BMJ Open Resp Res*. 2020;7:e000624. doi:10.1136/bmjresp-2020-000624.
18. O'Brien K, et al. C-reactive protein point-of-care testing (CRP POCT) to guide antibiotic prescribing in primary care settings for acute respiratory tract infections (RTIs). Rapid assessment on other health technologies using the HTA Core Model<sup>®</sup> for Rapid Relative Effectiveness Assessment. *EUnetHTA*. Project ID: OTCA012. 2019.
19. Woodhead, et al. Guidelines for the management of adult lower respiratory tract infections. *Clin Micro Inf*. 2011;17(6):1-24.
20. Cals JW, et al. *BMJ*. 2009;338(51):137.
21. Cals JW, et al. *The Annals of Family Medicine*. 2010;8(2):124-133.
22. Andreeva E, Melbye H. *BMC Family Practice*. 2014;15(1):80.
23. Little P, et al. *The Lancet*. 2013;382(9899):1175-1182.

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10005730-01 03/21

