

- 1) What is the name of your company's cardiovascular testing reagent, kit, or system?
- 2) What year did the product first appear on the market?
- 3) Is the product FDA cleared or approved?
- 4) What is the product's intended use?
- 5) What condition or biomarker does it detect?
- 6) Where is the product used (check all that apply)?
- 7) If you answered "elsewhere," explain briefly.
- 8) What type of specimen/sample is used?
- 9) Is the product a manual or automated system?
- 10) What method of detection does the product use?
- 11) Does the product interface with laboratory information systems or middleware?
- 12) What is the time to first result under ideal conditions?
- 13) What is the typical training time?
- 14) What capabilities, features, or accessories distinguish this product from others on the market?

Beckman Coulter Inc	Beckman Coulter Inc	Diazyme Laboratories
Brea, Calif (800) 526-3821; www.beckmancoulter.com	Brea, Calif (800) 526-3821; www.beckmancoulter.com	Poway, Calif (858) 455-4768; www.diazyme.com
AccuTnl+3	CK-MB	Lipoprotein(a) Lp(a) assay
2013	2003	2009
Yes	Yes	FDA cleared
To aid in the diagnosis of myocardial infarction	For the quantitative determination of CK-MB levels in human serum and plasma	Clinical diagnostics
Troponin-I	Creatine Kinase-MB	Lipoprotein(a) (Lp(a))
<input type="checkbox"/> At a community screening event <input checked="" type="checkbox"/> In a hospital or inpatient setting <input checked="" type="checkbox"/> In a physician's office or outpatient setting <input type="checkbox"/> In a patient's home or other self-testing <input type="checkbox"/> Elsewhere	<input type="checkbox"/> At a community screening event <input checked="" type="checkbox"/> In a hospital or inpatient setting <input checked="" type="checkbox"/> In a physician's office or outpatient setting <input type="checkbox"/> In a patient's home or other self-testing <input type="checkbox"/> Elsewhere	<input type="checkbox"/> At a community screening event <input checked="" type="checkbox"/> In a hospital or inpatient setting <input type="checkbox"/> In a physician's office or outpatient setting <input type="checkbox"/> In a patient's home or other self-testing <input type="checkbox"/> Elsewhere
Lithium heparin plasma or serum	EDTA, heparin plasma, or serum	Serum or plasma (EDTA)
Automated	Automated	Designed to run on open-channel automated clinical chemistry analyzers
Chemiluminescence	Chemiluminescence	Immunoturbidimetric
Yes	Yes	No
About 13 minutes	About 15 minutes	10 minutes
None. Reagent is ready to use.	None. Reagent is ready to use.	Approximately 1 hour
First troponin assay cleared by FDA since its 2010 guidance to all troponin manufacturers.	15-minute time to first result; 56-day open-pack and calibration curve stability.	Outstanding accuracy and precision; low cost per test; extensive range of instrument parameters; packaging options for labs of all sizes; most feature instrument-specific packaging options.

Diazyme Laboratories Poway, Calif (858) 455-4768; www.diazyme.com	Stanbio Laboratory (An EKF Diagnostics Company) Boerne, Tex (830) 249-0772; www.stanbio.com	Randox Laboratories Kearneysville, WV (866) 472-6369; www.randox.com	Randox Laboratories Kearneysville, WV (866) 472-6369; www.randox.com
Myoglobin assay	CK-MB Liqui-UV test	H-FABP	TxB Cardio
2013	1994	2011	2014
FDA cleared	Yes	No	No
Clinical diagnostics	Used as a follow-up test to an elevated CK test result, to determine whether the increase is due to heart damage or skeletal muscle damage.	Detection of heart-type fatty acid binding protein (H-FABP), a biomarker with significant diagnostic and prognostic value in suspected cases of acute myocardial infarction (AMI).	Measurement of the therapeutic effectiveness of the blood-thinning properties of aspirin, including detection of patients who may develop aspirin resistance as a result of regular low-dose use.
Myoglobin	Creatine Kinase-MB	H-FABP as a biomarker for acute coronary syndrome (ACS)	Measures a direct urinary metabolite of thromboxane (11dhTxB ₂)
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Serum or plasma	Serum	Blood sample (serum/plasma)	Blood sample (serum/plasma)
Designed to run on open-channel automated clinical chemistry analyzers	Manual or automated	Clinical chemistry reagent	Clinical chemistry reagent
Immunoturbidimetric	Immunoinhibition	Latex-enhanced immunoturbidimetric immunoassay	Immunoturbidimetric immunoassay
No	No	No	No
10 minutes	9 minutes	Dependent on the biochemistry instrument, but typically less than 15 minutes	Dependent on the biochemistry instrument
Approximately 1 hour	n/a	n/a	n/a
High accuracy and precision; low cost per test; extensive range of instrument parameters; packaging options for labs of all sizes.	Liquid-stable reagent	When compared to a range of biomarkers for ACS, H-FABP has shown sensitivity to AMI of 99.1% and negative predictive value of 99.7%. In studies, the H-FABP test would have permitted AMI to be excluded in 48.8% of patients, thereby speeding emergency treatment if needed.	Facilitates personalized treatment with alternative therapies for the 25% to 30% of patients who have developed aspirin resistance, and are therefore thought to have a 2x greater risk of myocardial infarction and a 3.5x greater risk of dying from a cardiovascular incident than those who respond fully to their aspirin therapy.

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Roche Diagnostics	Roche Diagnostics	Siemens Healthcare Diagnostics
Indianapolis (317) 521-2000; www.roche-diagnostics.us	Indianapolis (317) 521-2000; www.roche-diagnostics.us	Tarrytown, NY (800) 242-3233; www.healthcare.siemens.com
Troponin T	NT-proBNP	Stratus CS acute care diagnostic system
1989 (2005 for current TnT gen 4)	2003	1998
Yes	Yes	Yes
Can be used as an aid in the differential diagnosis of acute coronary syndrome to identify necrosis (eg, acute myocardial infarction). Further indicated for risk stratification of patients presenting with acute coronary syndrome and for cardiac risk in patients with chronic renal failure. May also be useful for selection of more intensive therapy and intervention in patients with elevated levels of cardiac troponin T.	Used as an aid in the diagnosis of individuals suspected of having congestive heart failure (CHF). Further indicated for risk stratification of patients with acute coronary syndrome and CHF. May also serve as an aid in the assessment of increased risk of cardiovascular events and mortality in patients at risk for heart failure who have stable coronary artery disease.	Provides quantitative cardiac assays for evaluation of patients presenting with suspected myocardial ischemia.
Acute coronary syndromes (acute myocardial infarction)	Acute and congestive heart failure	BhCG, CK-MB, D-dimer, hsCRP, myoglobin, NT-proBNP, Troponin-I
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Serum, K2-EDTA, K3-EDTA, Li-heparin, and Na-heparin plasma	Serum, K2-EDTA, K3-EDTA, Li-heparin, and Na-heparin plasma	Whole blood
Automated (Elecys 2010, e411, e601, e602)	Automated (Elecys 2010, e411, e601, e602)	Automated
Electrochemiluminescence immunoassay	Electrochemiluminescence immunoassay	Dendrimer-enhanced radial partition immunoassay
All instruments capable of running TnT can be connected to LIS and/or middleware.	All instruments capable of running NT-proBNP can be connected to LIS and/or middleware.	Yes
9 minutes	9 minutes	14 minutes
It is included in the overall training for the instrument (a 4-day class).	It is included in the overall training for the instrument (a 4-day class).	3 to 4 hours
The fastest stat assay currently available (9 minutes) and the unique FDA-approved claim of risk stratification for patients presenting with acute coronary syndrome and for cardiac risk in patients with chronic renal failure.	The fastest stat assay currently available (9 minutes) and the unique claim of aid in the assessment of increased risk of cardiovascular events and mortality in patients at risk for heart failure who have stable coronary artery disease.	Full cardiac menu; results in as little as 14 minutes; used in the acute care setting to decrease turnaround time, patient length of stay, and total patient costs. The system's efficiency and ease of use make it ideal for both point-of-care testing and lab applications.