



POINT OF CARE



i-STAT[®]

FOR IN VITRO DIAGNOSTIC USE ONLY

i-STAT SYSTEM TEST CARTRIDGES

**ASSAYS TO MEET A WIDE
RANGE OF CLINICAL NEEDS
WITH LAB- QUALITY RESULTS IN MINUTES**

THE i-STAT FAMILY OF TEST CARTRIDGES

THIS TEST MENU IS INTENDED FOR USE ONLY IN THE UNITED STATES. FOR *IN VITRO* DIAGNOSTIC USE ONLY.

		CARTRIDGES									
		EC8+	CG8+	EG7+	CHEM8+	EG6+	G	Crea	ACTk	ACTc	PT/INR
CHEMISTRIES/ELECTROLYTES											
Sodium (Na)		●	●	●	●	●					
Potassium (K)		●	●	●	●	●					
Chloride (Cl)		●			●						
TCO ₂					●						
Anion Gap ^a		●			●						
Ionized Calcium (iCa)			●	●	●						
Glucose (Glu)		●	●		●		●				
Urea Nitrogen (BUN)		●			●						
Creatinine (Crea)					●			●			
HEMATOLOGY											
Hematocrit (Hct)		●	●	●	●	●					
Hemoglobin (Hgb) ^a		●	●	●	●	●					
BLOOD GASES											
pH		●	●	●	●	●					
PCO ₂		●	●	●	●	●					
PO ₂			●	●	●	●					
TCO ₂ ^a		●	●	●	●	●					
HCO ₃ ^a		●	●	●	●	●					
Base Excess (BE) ^a		●	●	●	●	●					
sO ₂ ^a			●	●	●	●					
COAGULATION^b											
ACT Kaolin									●		
ACT Celite [®]										●	
PT/INR											●
ENDOCRINOLOGY^b											
β-hCG											
CARDIAC MARKERS^b											
cTnI											
CK-MB											
BNP											

^aCalculated.

^bSee Intended Use information at right.

■ = CLIA waived: granted waived status for lithium heparin whole-blood venous samples only collected in a lithium heparin evacuated tube.

EXPECTED VALUES & TIME TO RESULT

β -hCG	cTnI	CK-MB	BNP
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ANALYTE	REPORTABLE RANGE	REFERENCE RANGE, ARTERIAL	REFERENCE RANGE, VENOUS	APPROX. TIME TO RESULT
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Sodium (Na)	100-180 mmol/L	138-146 mmol/L	138-146 mmol/L	2 min
Potassium (K)	2.0-9.0 mmol/L	3.5-4.9 mmol/L	3.5-4.9 mmol/L	2 min
Chloride (Cl)	65-140 mmol/L	98-109 mmol/L	98-109 mmol/L	2 min
TCO ₂	5-50 mmol/L	23-27 mmol/L	24-29 mmol/L	2 min
Anion Gap ^a	(-10)-(+99) mmol/L	10-20 mmol/L	10-20 mmol/L	2 min
Ionized Calcium (iCa)	0.25-2.50 mmol/L	1.12-1.32 mmol/L	1.12-1.32 mmol/L	2 min
Glucose (Glu)	20-700 mg/dL	70-105 mg/dL	70-105 mg/dL	2 min
Urea Nitrogen (BUN)	3-140 mg/dL	8-26 mg/dL	8-26 mg/dL	2 min
Creatinine (Crea)	0.2-20.0 mg/dL	0.6-1.3 mg/dL	0.6-1.3 mg/dL	2 min

Hematocrit (Hct)	15-75 %PCV	38-51%PCV	38-51%PCV	2 min
Hemoglobin (Hgb) ^a	5.1-25.5 g/dL	12-17 g/dL	12-17 g/dL	2 min

pH	6.50-8.20	7.35-7.45	7.31-7.41	2 min
PCO ₂	5-130 mmHg	35-45 mmHg	41-51 mmHg	2 min
PO ₂	5-800 mmHg	80-105 mmHg		2 min
TCO ₂ ^a	5-50 mmol/L	23-27 mmol/L	24-29 mmol/L	2 min
HCO ₃ ^a	1.0-85.0 mmol/L	22-26 mmol/L	23-28 mmol/L	2 min
Base Excess (BE) ^a	(-30)-(+30) mmol/L	(-2)-(+3) mmol/L	(-2)-(+3) mmol/L	2 min
sO ₂ ^a	0-100 %	95-98 %		2 min

ACT Kaolin	50-1000 Seconds	74-137 Seconds (Prewrm)	74-137 Seconds (Prewrm)	Max 16.7 min
ACT Celite [®]	50-1000 Seconds	74-125 Seconds (Prewrm)	74-125 Seconds (Prewrm)	Max 16.7 min
PT/INR	0.9-8.0 INR ^c			Max 16.7 min

β -hCG	5.0-2000.0 IU/L		<5 IU/L	10 min
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cTnI	0.00-50.00 ng/mL		0.00-0.08 ng/mL ^d	10 min
CK-MB	0.0-150.0 ng/mL		0.0-3.5 ng/mL ^e	5 min
BNP	15-5000 pg/mL		<15-50 pg/mL ^e	10 min

^c Performance characteristics have not been established for INR values over 6.0.

^d Represents the 0-99% range of results.

^e Represents the 0-95% range of results.

THE i-STAT SYSTEM:

PROVIDING DIAGNOSTIC INSIGHTS WHEN AND WHERE THEY ARE NEEDED MOST

Going beyond a single test at a single moment in time, *i-STAT System* with-patient testing facilitates real-time decisions in diverse settings to optimize patient care.

TESTING WITH THE i-STAT SYSTEM CAN:

- Standardize and consolidate testing across clinical settings
- Enable rapid decision-making directly in the patient care pathway
- Streamline workflow and optimize resource utilization
- Expand access to testing and enhance the care-delivery experience



STREAMLINE PROCESSES, INCREASE EFFICIENCY, AND PROMOTE PATIENT-CENTRIC CARE.

TO LEARN MORE ABOUT THE i-STAT SYSTEM, CONTACT YOUR ABBOTT POINT OF CARE REPRESENTATIVE OR VISIT WWW.POINTOF CARE.ABBOTT

INTENDED USE

ACT Kaolin - The *i-STAT Kaolin Activated Clotting Time* (^{Kaolin}ACT) test is an *in vitro* diagnostic test that uses fresh, whole blood, and is used to monitor high-dose heparin anticoagulation frequently associated with cardiovascular surgery.

ACT Celite® - The *i-STAT Celite Activated Clotting Time* (^{Celite}ACT) test is an *in vitro* diagnostic test that uses fresh, whole blood, and is useful for monitoring patients receiving heparin for treatment of pulmonary embolism or venous thrombosis, and for monitoring anticoagulation therapy in patients undergoing medical procedures, such as catheterization, cardiac surgery, surgery, organ transplant, and dialysis.

PT/INR - The *i-STAT PT*, a prothrombin time test, is useful for monitoring patients receiving oral anticoagulation therapy such as Coumadin® or warfarin

β-hCG -The *i-STAT Total Beta-Human Chorionic Gonadotropin* (β-hCG) test is an *in vitro* diagnostic test for the quantitative and qualitative determination of β-hCG in venous whole blood or plasma samples using the *i-STAT 1 Analyzer Systems*. The test is intended to be used as an aid in the early detection of pregnancy and is for prescription use only.

cTnI - The *i-STAT cardiac troponin I* (cTnI) test is an *in vitro* diagnostic test for the quantitative measurement of cardiac troponin I (cTnI) in whole blood or plasma. Measurements of cardiac troponin I are used in the diagnosis and treatment of myocardial infarction and as an aid in the risk stratification of patients with acute coronary syndromes with respect to their relative risk of mortality.

CK-MB -The *i-STAT CK-MB* test is an *in vitro* diagnostic test for the quantitative measurement of creatine kinase MB mass in whole blood or plasma samples. CK-MB measurements can be used as an aid in the diagnosis and treatment of myocardial infarction (MI).

BNP -The *i-STAT BNP* test is an *in vitro* diagnostic test for the quantitative measurement of B-type natriuretic peptide (BNP) in whole blood or plasma samples using EDTA as the anticoagulant. BNP measurements can be used as an aid in the diagnosis and assessment of the severity of congestive heart failure.

FOR IN VITRO DIAGNOSTIC USE ONLY.
THIS BROCHURE IS INTENDED ONLY FOR A US AUDIENCE.