

FungiXpert[®]

Aspergillus Galactomannan Detection

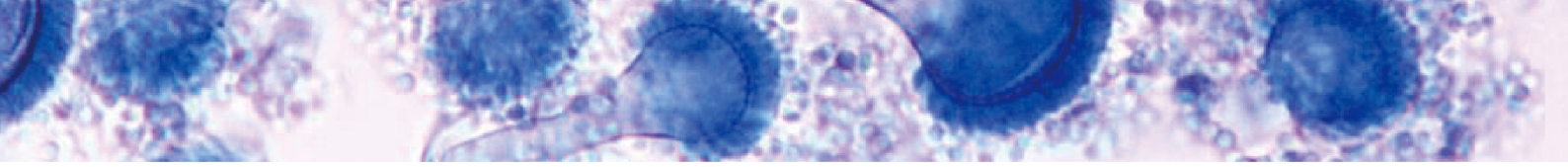
K-Set (Lateral Flow Assay)

Product code: 25 tests/kit FGM025-001

50 tests/kit FGM050-001

Obtain result in 10min





Overview

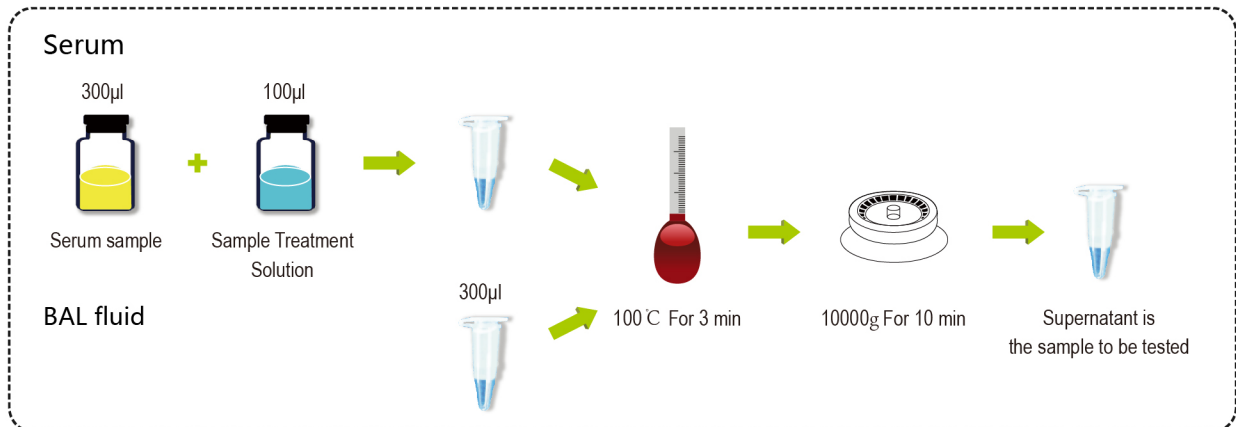
The incidence of Invasive Aspergillosis (IA) in immunosuppressed patients is rapidly increasing due to antibiotic abuse. *Aspergillus fumigatus* is one of the most common pathogens that cause severe aspergillus infection in patients with immunosuppressive disease, followed by *Aspergillus flavus*, *Aspergillus niger* and *Aspergillus terreus*. Due to lack of typical clinical manifestations and effective early diagnosis methods, IA has a high mortality rate of 60% to 100%. Early rapid detection is a key factor in the effective treatment and reduction of death in IA.

Product Characteristics

Basic Parameters	Aspergillus Galactomannan Detection K-Set (Lateral Flow Assay)
Method	Lateral Flow Assay
Sample Type	Serum, BAL fluid
Specification	25 Tests/Kit, 50 Tests/Kit
Detection Time	10 min
Detection Objects	<i>Aspergillus spp.</i>
Stability	The K-Set is stable for 2 years at 2°C-30°C
Limit of Detection	1 ng/ml
Sensitivity	Serum: 86.2% BAL fluid: 90.3%
Specificity	Serum: 88.9% BAL fluid: 92.5%

Operation Method

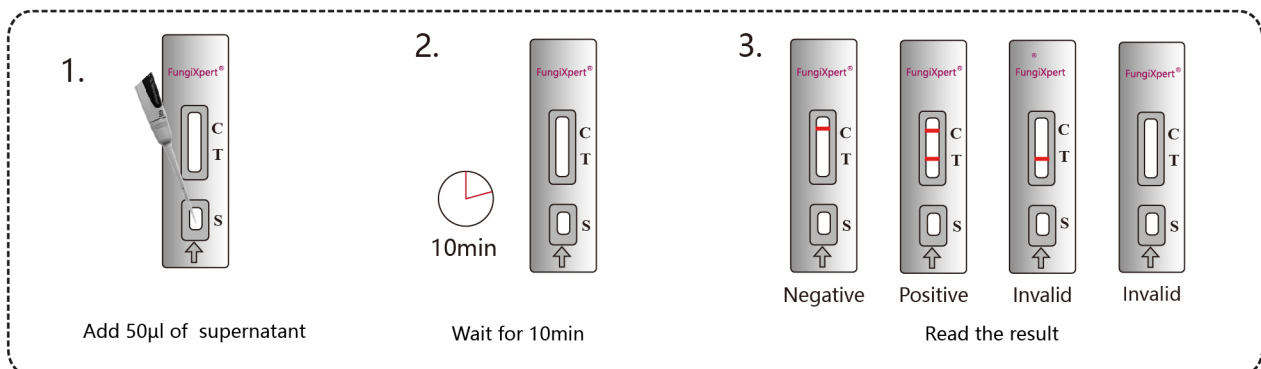
1. Sample pre-treatment

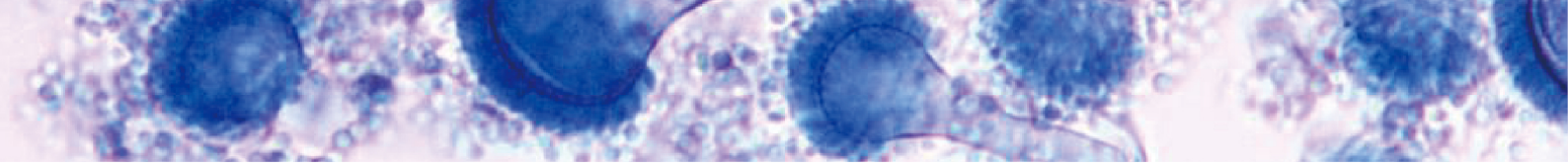


2. Detection

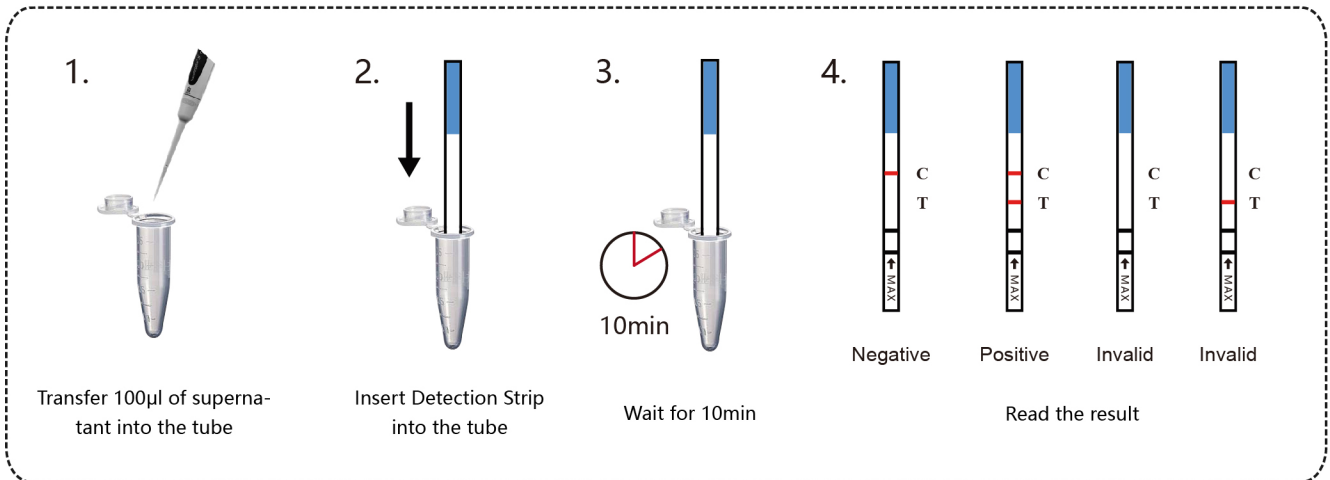
■ For qualitative test

Cassette type (25 Tests/Kit)

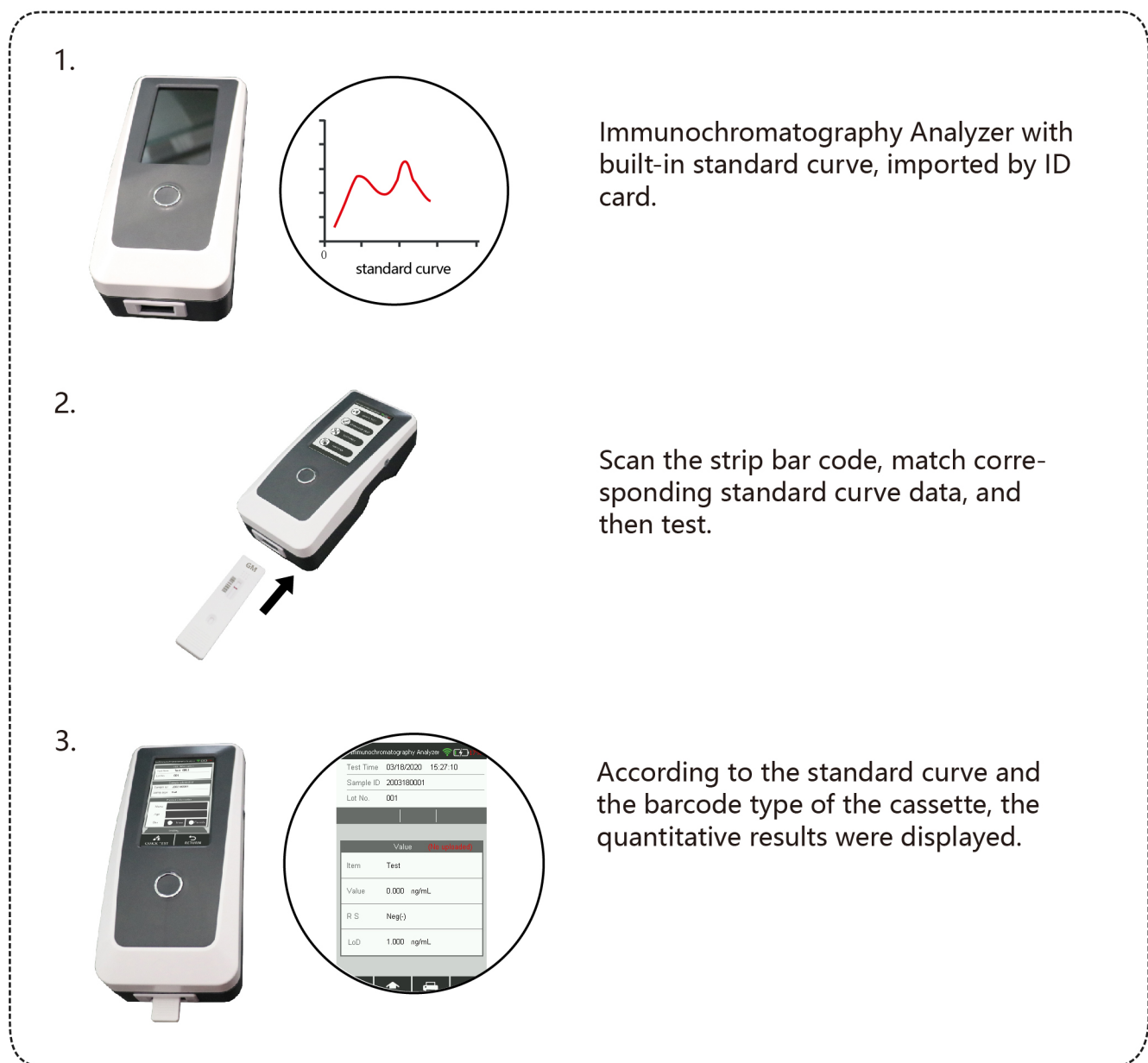


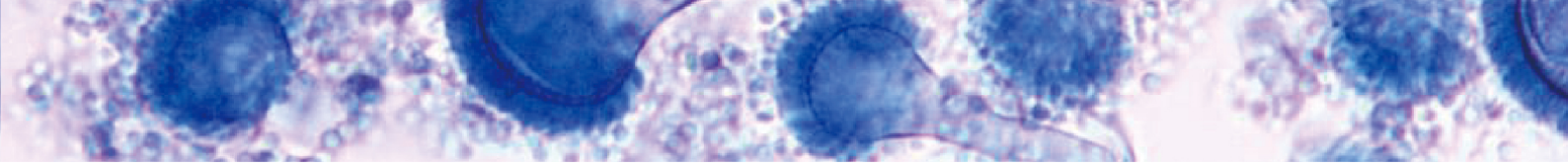


Strip type (50 Tests/Kit)



■ For quantitative test





Product Advantages

Rapid

Obtain result within 10 min

Simple

Easy to use, ordinary laboratory staff can operate without training

Intuitive result

There is no need for calculation, visual reading result

Economic

Product can be transported and stored at room temperature, reducing costs

Applicable Department

- Respiration department
- Cancer Department
- Transplantation department
- Hematology department
- ICU
- Infectious department

Clinical Performance

● Low detection limit

Limit of Detection (LoD) is 1 ng/ml

● Support the diagnosis of aspergillosis in early stage¹

GM is 5-8 days earlier than the clinical symptoms of invasive aspergillosis (IA);

GM is 7.2 days earlier than high-resolution CT scans;

GM is on average 12.5 days earlier than starting empirical antifungal treatment.

● Recommendations

Recommended by IDSA guideline for Aspergillosis 2016² and ESCMID-ECMM-ERS guideline for Aspergillosis 2018³

Reference

1.Pazos C, Pontón J, Del Palacio A. Contribution of (1→ 3)-β-d-glucan chromogenic assay to diagnosis and therapeutic monitoring of invasive aspergillosis in neutropenic adult patients: a comparison with serial screening for circulating galactomannan[J]. Journal of clinical microbiology, 2005, 43(1): 299-305.

2.Patterson T F, Thompson III G R, Denning D W, et al. Practice guidelines for the diagnosis and management of aspergillosis: 2016 update by the Infectious Diseases Society of America[J]. Clinical Infectious Diseases, 2016, 63(4): e1-e60.

3.Ullmann A J, Aguado J M, Arikan-Akdagli S, et al. Diagnosis and management of Aspergillus diseases: executive summary of the 2017 ESCMID-ECMM-ERS guideline[J]. Clinical Microbiology and Infection, 2018, 24: e1-e38.



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