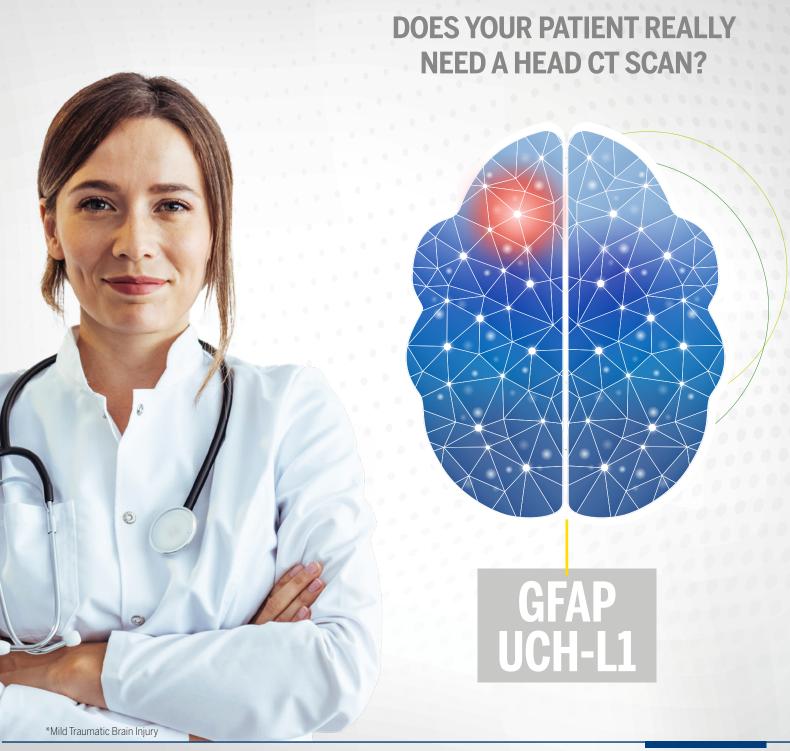


VIDAS® TBI (GFAP, UCH-L1)

A GAME CHANGER FOR mTBI* PATIENT EVALUATION



Did you know?



> 80%

of TRAUMATIC BRAIN INJURIES are MILD (mTBI) 1.2



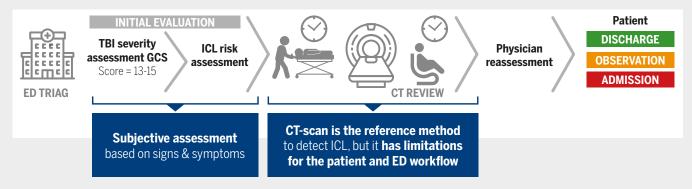
mTBI makes 10% OF ED VISITS EACH YEAR³



Not to miss intracranial lesions (ICL)

is a key clinical concern in mTBI patients 4

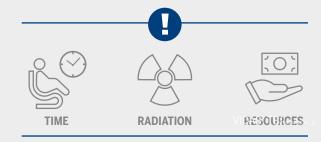
Current mild TBI diagnostic workup can be subjective and time consuming 5



Significant numbers of ct scans in mtbi could be avoided

> 90% of CT-scans

in mTBI patients show no abnormalities 6







WHAT IF YOU
COULD SHORTEN
THE TOTAL
WORKUP TIME FOR
YOUR MTBI PATIENTS?

VIDAS® TBI (GFAP, UCH-L1)

HELPS YOU OBJECTIVELY DETERMINE
THE NEED FOR A CT-SCAN IN MTBI PATIENTS*



Safely RULES-OUT intracranial lesions, CAN Reduce unnecessary CT-SCANS ⁷

HIGH SENSITIVITY

HIGH NPV **99.5%**

GOOD SPECIFICITY

Discriminates more patients 5

- Time window for biomarkers dosage = 12h after mTBI
- Patients with extracranial injuries can also be eligible for testing (included in the clinical trial)

EASY TO INTERPRET 5





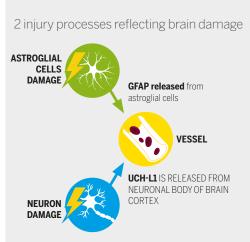
Negative interpretation of VIDAS® TBI test is associated with the absence of acute intracranial lesions on a head CT scan.

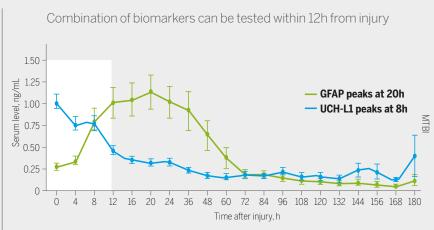


YOU CAN AVOID UNNECESSARY CT SCANS & DISCHARGE MTBI PATIENTS EARLIER.



THE POWERFUL COMBINATION OF GFAP AND UCH-L1 PREDICTS THE ABSENCE OF INTRACRANIAL LESIONS





GFAP and UCH-L1 are blood-based brain biomarkers largely validated in mTBI patients: evidence from 5 studies and clinical data for more than 3000 patients.





AVAILABLE ON VIDAS® 3 AND VIDAS® KUBE™

BECAUSE IT MAKES SENSE ON VIDAS®

High quality & cost effective diagnostic tests for rapid and safe patient triage

Comprehensive emergency panel on a single instrument





Easy to perform



	VIDAS® TBI (GFAP, UCH-L1)
Reference	423615-30
Tests/kit	30 GFAP tests + 30 UCH-L1 tests 1 patient test = 1 GFAP + 1 UCH-L1 tests
Kit content	30 strips and 30 SPR of GFAP 30 strips and 30 SPR of UCH-L1 S1, C1
Time to result	39 min
Sample type	serum
Sample volume	2 x 200 μL
Calibration frequency	56 days
Cut-offs	GFAP = 22 pg/mL, UCH-L1 = 327 pg/mL

VIDAS Emergency & Critical care panel

BACTERIAL INFECTION	B•R•A•H•M•S PCT™
CARDIAC	NT-proBNP2
CARDIAC	Hs Troponin I
TRAUMATIC BRAIN INJURY	GFAP, UCH-L1
VENOUS TRHOMBO-EMBOLISM / COAGULATION	D-Dimer Exclusion™ II
ACUTE KIDNEY INJURY	NEPHROCHECK®

VIDAS® TBI (GFAP, UCH-L1); Ref. 423615-30

Some of these reagents have not yet obtained regulatory clearance in some countries and some references may vary according to thes country. Please contact your local bioMérieux representative for further information and product availability.

- $\textbf{1}. \ Peterson B, Zhou H, Thomas KE, Daugherty J. CDC Surveillance Report 2017: Traumatic Brain Injury-related Hospitalizations and Deaths by Age Group, Sex, and Mechanism of Injury. https://www.cdc.gov/traumaticbraininjury/pdf/$ TBI: surveillance-report-2016-2017-508.pdf

 2. Levin H, Lancet Neurol 2015; https://www.thelancet.com/journals/laneur/article/PIIS1474-4422(15)00002-2/fulltext
- 3. Source: https://www.center-tbi.eu/patients/facts
 4. Gil-Jardiné C, et al. MANAGEMENT OF PATIENTS SUFFERING FROM MILD TRAUMATIC BRAIN INJURY 2023. Anaesth Crit Care Pain Med. 2023 Jun 5:101260
- 5. Bazarian J, et al. Serum GFAP and UCH-L1 for prediction of absence of intracranial injuries on head CT (ALERT-TB): a multicentre observational study. Lancet Neurol. 2018;17:782-789.

 6. Valente JH, Anderson JD, Paolo WF, et al.; American College of Emergency Physicians Clinical Policies Subcommittee on Mild Traumatic Brain Injury. Clinical Policy: Critical Issues in the Management of Adult Patients Presenting to the Emergency Department With Mild Traumatic Brain Injury. Ann Emerg Med. 2023;81:e63-e105.