

VIDAS[®] D-DIMER EXCLUSION[™] II How many tests does it take to exclude PE* and DVT⁺ with confidence?

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*Pulmonary Embolism †Deep Vein Thrombosis

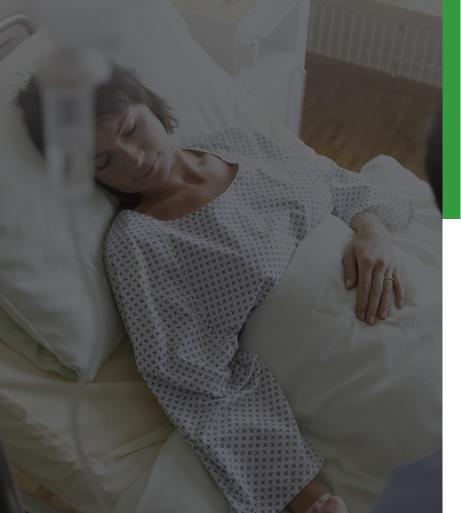
PIONEERING DIAGNOSTICS

JUST ONE VIDAS® D-DIMER EXCLUSION™II

With a single test, it's now possible to confidently rule out a diagnosis of Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) in low- and moderate-risk patients who visit your Emergency Department.¹

And you can do it both quickly and easily because VIDAS D-DIMER EXCLUSION II is a rapid, automated enzyme-linked immunosorbent assay (ELISA) that provides results in less than an hour.¹

So instead of dealing with additional time-consuming and inconvenient tests that delay decision making, you can streamline your diagnostic algorithm and get to the point of exclusion quicker. With all of the confidence you need to make the appropriate diagnostic decision.



IT'S A DECISION YOU CAN TRUST.

VIDAS D-DIMER EXCLUSION II is indicated for use in conjunction with a clinical pretest probability assessment model to exclude deep vein thrombosis (DVT) and pulmonary embolism (PE) disease in outpatients suspected of DVT or PE.

Studies show that ED patients with a normal (500 ng/mL) VIDAS D-DIMER EXCLUSION result and a low or moderate PTP score can be excluded from further testing.^{1,2,4}

Quickly and Confidently Rule Out up to 50% of Presenting Patients.

Management studies show that as many as 75% of outpatients who present to Emergency Departments with suspected PE and DVT are negative for these conditions.^{2.3} For approximately 30%^{2.4} to 50%⁵ of this group, a pre-test probablitlity (PTP) assessment of low or moderate risk and a negative result from the VIDAS D-DIMER EXCLUSION assay is all you need to quickly exclude futher diagnostic procedures.¹⁴



MEDIUM SCORE On Clinical Pre-Test Probability Assessment

Not All D-Dimer Assays are

Created Equal. Simply put, higher negative predictive

values (NPV) and sensitivity yield more accurate results.

The ELISA D-Dimer assay has the most published studies supporting it. Other D-Dimer assays have reported sensitivities as low as 79%,⁶ with NPVs as low as 83%.⁷ These numbers are critical, because for each 1% increase in NPV, the risk of undiagnosed PE or DVT decreases.

> Negative Predo At a cut-off of 5 in more than studies wi

VIDAS D-DIMER EXCLUSION II

POSITIVE TEST RESULT VIDAS D-DIMER

EXCLUSION equa to or above 500 ng/mL



DIAGNOSE WITH CONFIDENCE

Negative Test Result

Negative Predcictive Value (NPV)

NVP

RISK

At a cut-off of 500 ng/mL.¹ Proven in more than 50 peer-reviewed studies with greater than 11,000 patients, including five prospective management trials.

CONTINUE TESTING

Pulmonary Angiography, V/Q Scan, Venography CUS, Helical CT

Case Closed. Disposition the Patient.

FDA CLEARED

for Exclusion of PE and DVT

when used in conjunction with a pre-test probability model at a cut-off of 500 ng/mL.¹

A Simple Process.

VIDAS D-DIMER EXCLUSION II enables you to exclude low-and moderate-risk outpatients quickly, easily and with confidence, using a simple decision process.



JUST ONE TEST.

A CLEAR ANSWER. THE RIGHT CHOICE.

Perform fewer invasive diagnostic procedures on patients



Provide quicker disposition for patients who don't have PE or DVT

This single, rapid ELISA offers a range of benefits for the Emergency Department as well as other hospital ancillary departments.

- Save time with stat results in under an hour, 24/7
- Close patient cases and free up beds quicker
- Save resources by eliminating unnecessary diagnostic and radiologic testing
- Reduce risk by using this proven D-dimer assay
- Improve overall efficiency in the ED

VIDAS® D-DIMER EXCLUSION II: SAFELY EXCLUDE PE AND DVT IN LOW- AND MODERATE-RISK PATIENTS. ASK FOR IT BY NAME.

1. VIDAS D-Dimer Exclusion Package Insert, No. rev. 2004/06/08 2. Perrier A, Desmarais S, Miron MJ, et al. **Non-invasive diagnosis of venous thromboembolism** in outpatients. *Lancet* 1999; 353:190-195. 3. Hirsh J, Lee AY. **How we diagnose and treat deep vein thrombosis**. *Blood*. 2002;99(9):3102-3110. 4. Perrier A, Roy PM, Aujesky D, et al. **Diagnosing Pulmonary Embolism in Outpatients with Clinical Assessment, D-Dimer Measurement, Venous Ultrasound, and Helical Computed Tomography: A Multicenter Management Study**. *Am J Med*. 2004;116(5):291-299. 5. Kruip MJ, Slob MJ, Schijen JH, van der Heul C, Büller HR. **Use of a Clinical Decision Rule in Combination with D-Dimer Concentration in Diagnostic Workup of Patients with Suspected PE**. *Arch Intern Med*. 2002;162(14):1631-1635. 6. Stein PD, Hull RD, Patel KC, et al. **D-Dimer for the Exclusion of Acute Venous Thrombosis and Pulmonary Embolism, A Systematic Review**. *Ann Intern Med*. 2004;140(9):589-602. 7. Bounameaux H, Moerloose P, Perrier A, Miron MJ. **D-dimer testing in suspected venous thromboembolism: an update**. *QJM: Int J Med*. 1997;90(7):437-442.