Category	Test Item	Sample	Reaction Time	Linearity Range	Extensible Range	Reference
Inflammation	CRP SA.02.00002 (SEMI) SJ.02.00002 (AUTO)	Serum / Plasma / Whole blood	3 min	0.5-200 mg/L	0.01-240 mg/L	＜ 10 mg/L
		Anticipated Use / Clinical Significance: 1. Differential diagnosis of bacterial infection or viral infection: CRP is significantly increased in bacterial infection, while most of them are normal or slightly increased in viral infection, and the increase in CRP is positively correlated with the degree of bacterial infection. 2. Predict the prognosis and recurrence of infectious diseases. 3. To evaluate the efficacy of antimicrobial therapy. Qualification: CE NMPA					
	PCT SA.02.00004 (SEMI) SJ.02.00004 (AUTO)	Serum / Plasma / Whole blood	15 min	0.1-100 ng/mL	0.01-120 ng/mL	＜ 0.5 ng/mL
		Anticipated Use / Clinical Significance: 1. It is used for the differential diagnosis of bacterial infection or viral infection. 2. It is used for the diagnosis of sepsis, severe sepsis and septic shock. 3. It is used to assess the severity of sepsis syndrome and systemic inflammatory response. 4. For disease progression and prognostic significance. 5. Guidance for antibiotic therapy. Qualification: CE NMPA				
	SAA SA.02.00005 (SEMI) SJ.02.00005 (AUTO)	serum / plasma / whole blood	15 min	2.0-100 mg/mL	0.01-300 mg/mL	＜ 10 mg/mL
		Anticipated Use / Clinical Significance: 1. It is used to detect viral and bacterial infections in infectious diseases. 2. Applied to the diagnosis of cardiovascular diseases. 3. It is used in transplant rejection. Qualification: CE FDA NMPA				
	IL-6 SA.02.00006 (SEMI) SJ.02.00006 (AUTO)	serum / plasma / whole blood	15 min	3.0-4000 pg/mL	0.01-4800 pg/mL	＜ 7.5 pg/mL
		Anticipated Use / Clinical Significance: 1. Differential diagnosis of early markers of acute inflammation. 2. Assessment of infection severity and prognosis. 3. Diagnosis of sepsis. 4. Early warning and diagnostic indicators of sepsis. Qualification: CE NMPA				
	CRP / SAA SA.02.00007 (SEMI) SJ.02.00007 (AUTO)	Serum / Plasma / Whole blood	15 min	CRP: 0.5-150 mg/L SAA: 0.5-300 mg/L	CRP: 0.01-240 mg/L SAA: 0.01-300 mg/L	CRP ＜ 8.28 mg/L SAA ＜ 10 mg/L
		Anticipated Use / Clinical Significance: 1. Early inflammatory markers of infectious diseases. 2. Distinguish local bacterial and viral infections. 3. Comprehensively reflect the severity of infectious diseases (including bacteria and viruses). 4. Comprehensive prognostic assessment of infectious diseases (including bacteria and viruses). 5. Coronary heart disease risk prediction indicators and other clinical applications. Qualification: CE NMPA				
	PCT / IL-6 SA.02.00008 (SEMI) SJ.02.00008 (AUTO)	Serum / Plasma / Whole blood	15 min	IL-6: 10-1000 pg/mL PCT: 0.1-40 ng/mL	IL-6: 0.01-4800 pg/mL PCT: 0.01-120 ng/mL	IL-6 ＜ 15 pg/mL PCT ＜ 0.5 ng/mL
		Anticipated Use / Clinical Significance: 1. Improve the diagnostic performance of infection and sepsis, making it earlier and more specific. 2. Assist in the differential diagnosis of Gram-positive or Gram-negative bacterial infections. 3. Provide earlier warning of infection. 4. Guide the rational use of antibiotics. 5. Diagnosis and prognosis assessment of other diseases. Qualification: CE NMPA				
	HBP / PCT SA.02.00053 (SEMI) SJ.02.00053 (AUTO)	Plasma	15 min	HBP: 1-200 ng/mL PCT: 0.05-50 ng/mL	HBP: 0.1-300 ng/mL PCT: 0.01-120 ng/mL	HBP＜15 ng/mL PCT＜0.5 ng/mL
		Anticipated Use / Clinical Significance: 1. Used for the differential diagnosis of bacterial infection or viral infection. 2. Used for the early diagnosis, severity and prognosis assessment of sepsis and septicemia. 3. The combined detection of HBP and PCT can effectively distinguish local or systemic infection and effectively monitor the entire process of infection. Qualification: CE				
	HBP SA.02.00054 (SEMI) SJ.02.00054 (AUTO)	Plasma	15 min	5-300 ng/mL	0.1-300 ng/mL	＜ 15 ng/mL
		Anticipated Use / Clinical Significance: 1. HBP as a diagnostic indicator of local infection: HBP levels in cerebrospinal fluid can improve the accuracy of distinguishing bacterial and viral nervous system infections. 2. HBP assists in the diagnosis of urinary tract infection. 3. HBP predicts the occurrence of septic shock. 4. HBP predicts circulatory failure in sepsis: HBP is currently clinically used as a marker of severe sepsis. Qualification: CE				
	HNL SA.02.00108 (SEMI)	Serum	/	/	/	/
		Anticipated Use / Clinical Significance: This product is used for quantitative in vitro detection of the content of neutrophil apolipoprotein (HNL) in human serum. It is clinically used for auxiliary diagnosis of bacterial infections; During bacterial infections, the peak level of HNL in serum increases rapidly within a short period of time. However, in healthy individuals or those with viral infections, the content of HNL does not show significant increase. The HNL protein in renal tubular epithelial cells can be released within 2 hours after renal injury occurs, causing a significant increase in HNL levels in urine. Therefore, it can be used for early diagnosis of renal function damage. Qualification: /				
	CRP (Disposable sampling head) SA.02.00115 (SEMI)	Serum / Plasma / Whole blood / Peripheral blood	3 min	0.5-200 mg/L	0.01-240 mg/L	＜ 10 mg/L
		Anticipated Use / Clinical Significance: CRP is a non-specific inflammatory marker that directly participates in inflammation and cardiovascular diseases such as atherosclerosis. It is the most powerful predictor and risk factor for cardiovascular diseases. This product is used for the quantitative determination of C-reactive protein (CRP) content in human peripheral blood, serum, plasma, and whole blood. Qualification: /				

Category	Test Item	Sample	Reaction Time	Linearity Range	Extensible Range	Reference
Sex Hormone	PROG SA.02.00009 (SEMI) SJ.02.00009 (AUTO)	Serum / Plasma / Whole blood	15 min	1.2-120 nmol/L	0.1-144 nmol/L	Follicular phase: 0.6-1.9 nmol/L Oviposit period: 0.95-6.68 nmol/L Luteal phase: 6.8-72 nmol/L The first trimester of pregnancy: 12.4-190.8 nmol/L The first trimester of pregnancy: 48.97-190.8 nmol/L Menopause: 0-3.2 nmol/L Male: 0.31-2.67 nmol/L
		Anticipated Use / Clinical Significance: 1. Progesterone content is closely related to the ovarian corpus luteum and pregnancy placenta. 2. Clinically used to determine ovulation, detect luteal function, and observe pregnancy progress.				Qualification: CE FDA
	FSH SA.02.00010 (SEMI) SJ.02.00010 (AUTO)	Serum / Plasma / Whole blood	15 min	2-100 IU/L	0.1-120 IU/L	Follicular phase: 1.5-7.5 IU/L Oviposit period: 2.8-12.5 IU/L Luteal phase: 1.8-5.0 IU/L After menopause: 15.0-76.0 1U/L Male: 1.25-19.62 IU/L
		Anticipated Use / Clinical Significance: Used for the assessment of primary, pituitary gonadal function.				Qualification: CE FDA
	LH SA.02.00011 (SEMI) SJ.02.00011 (AUTO)	Serum / Plasma / Whole blood	15 min	2-100 IU/L	0.2-120 IU/L	Follicular phase: 2-12.5 IU/L Oviposit period: 13-106 IU/L Luteal phase: 0-10.5 IU/L After menopause: 7-65.2 1U/L Male: 1.15-8.65 IU/L
		Anticipated Use / Clinical Significance: 1. Used to identify primary testicular hypofunction and secondary testicular hypofunction in men. 2. Used to detect the regulation of female gonadotropin-releasing hormone. 3. Used to identify true / false precocious puberty in adolescent children.				Qualification: CE FDA
	β-HCG SA.02.00012 (SEMI) SJ.02.00012 (AUTO)	Serum / Plasma / Whole blood	15 min	4-10000 mIU/mL	0.01-50000 mIU/mL	＜10m IU/mL
		Anticipated Use / Clinical Significance: 1. Early pregnancy test: can help confirm whether you are pregnant. 2. Fetal health monitoring: used to track the health status of the fetus. 3. Miscarriage risk assessment: helps assess whether there is a risk of miscarriage.				Qualification: CE
	PRL SA.02.00013 (SEMI) SJ.02.00013 (AUTO)	Serum / Plasma / Whole blood	15 min	40-3000 μIU/mL	10-3600 μIU/mL	Premenopausal women: 74-566 μIU/mL Postmenopausal women: 68-528 μIU/mL Male: 63.5-350 μIU/mL
		Anticipated Use / Clinical Significance: Used to monitor PRL secretion.				Qualification: CE FDA
	Cor SA.02.00014 (SEMI) SJ.02.00014 (AUTO)	Serum / Plasma / Whole blood	15 min	0.5-36 μg/dL	0.1-80 μg/dL	3.56-22.73 μg/dL
		Anticipated Use / Clinical Significance: 1. Increased cortisol is seen in Cushing's syndrome caused by various factors, such as adrenocortical hyperplasia and adenomas, pituitary tumors, simple obesity, anorexia nervosa, etc. 2. Decreased cortisol is seen in primary and secondary adrenal insufficiency, such as Addison's disease, hypopituitarism, etc.				Qualification: CE
	AMH SA.02.00015 (SEMI) SJ.02.00015 (AUTO)	Serum / Plasma / Whole blood	15 min	0.1-24 ng/mL	0.01-50 ng/mL	2-14 ng/mL
		Anticipated Use / Clinical Significance: 1. The higher the AMH index, the greater the egg inventory, and the naturally stronger fertility. 2. When the AMH index decreases, it means that the ovaries are aging, and female fertility is diagnosed as declining.				Qualification: CE
	TESTO SA.02.00062 (SEMI)	Serum	15 min	0.2-20.0 ng/mL	0.01-50 ng/mL	Male: 2.6-10.45 ng/mL Female: 0.27-0.95 ng/mL
		Anticipated Use / Clinical Significance: It is mainly used for auxiliary diagnosis of diseases related to abnormal levels of testosterone. Testosterone testing is of great significance for the diagnosis of male infertility, sexual dysfunction, and menopausal syndrome; Women can be diagnosed with polycystic ovary syndrome (PCOS), follicular membrane cell proliferation, adrenal and ovarian tumors, and other diseases.				Qualification: CE
	E2 SA.02.00067 (SEMI)	Serum / Plasma	15 min	10.0-3000.0 ng/L	0.1-3500 ng/L	Reference Value Range of Estradiol
		Anticipated Use / Clinical Significance: It is used for auxiliary diagnosis of reproductive endocrine diseases.				Qualification: CE
	INH B SA.02.00068 (SEMI) SJ.02.00068 (AUTO)	Serum / Plasma	15 min	10.0-900.0 pg/mL	1.0-1000.0 pg/mL	Reference Value Range of Inhibin B
		Anticipated Use / Clinical Significance: It is used to evaluate testicular spermatogenic function and female ovarian reserve function.				Qualification: CE FDA
Thyroid Hormone	TSH SA.02.00016 (SEMI) SJ.02.00016 (AUTO)	Serum / Plasma / Whole blood	15 min	0.1-100 μIU/mL	0.01-120 μIU/mL	0.3-5.6 μIU/mL
		Anticipated Use / Clinical Significance: Thyroid-stimulating hormone (TSH), is one of the indicators of thyroid function, which is used to diagnose hypothyroidism.				Qualification: CE

Reference Value Range of Estradiol

Gender	Period	Age	95% Reference Value Range (ng/L)
Male	/	18-70 years old	＜10~85
Female	Follicular Period	18-45 years old	13~260
	Ovulatory Period	18-45 years old	40~395
	Luteal Period	18-45 years old	20~383
	Menopausal Period	46-70 years old	＜10~190
	Early Pregnancy PeriodPeriod	20-45 years old	142~2992
	Mid pregnancy Period	20-45 years old	1496~>3000

Reference Value Range of Inhibin B

Gender	Age	95% Reference Value Range (ng/L)
Male	18-70 years old	16.61~278.86
Female	1-10 years old	＜43.91
	11-20 years old	12.11~98.03
	21-50 years old	14.42~99.3
	Above 50	＜13.82

Category	Test Item	Sample	Reaction Time	Linearity Range	Extensible Range	Reference
Thyroid Hormone	T3 SA.02.00017 (SEMI) SJ.02.00017 (AUTO)	Serum / Plasma / Whole blood	15 min	0.77-6.0 nmol/L	0.01-7.2 nmol/L	1.34-2.73 nmol/L
		Anticipated Use / Clinical Significance: T3 is a commonly used to indicate hypothyroidism, and used to evaluate the severity of the disease and monitor treatment. Qualification: CE				
	T4 SA.02.00018 (SEMI)	Serum / Plasma / Whole blood	15+10 min	15-300 nmol/L	0.1-360 nmol/L	78.51-157.01 nmol/L
		Anticipated Use / Clinical Significance: It is a commonly used indicator for determining hyperthyroidism or hypothyroidism, a specific indicator for the diagnosis of hyperthyroidism, as well as for the assessment of the severity of the disease, and its application in treatment monitoring. Qualification: CE				
	FT4 SA.02.00058 (SEMI)	Serum / Plasma / Whole blood	15+10 min	3.2-77.2 pmol/L	2.56-92.64 pmol/L	11.5-22.7 pmol/L
		Anticipated Use / Clinical Significance: FT4 is sensitive to hypothyroidism Qualification: CE				
	FT3 SA.02.00057 (SEMI) SJ.02.00057 (AUTO)	Serum / Plasma / Whole blood	15 min	1.6-46 pmol/L	1.12-60 pmol/L	3.1-6.8 pmol/L
		Anticipated Use / Clinical Significance: FT3 has clear significance in hyper- and hypothyroidism. Qualification: CE				
Growth Hormone	GH SA.02.00113 (SEMI)	Serum / Plasma / Whole blood	15 min	0.05-40 ng/mL	0.01-60 ng/mL	Female: 0-10 years old: 0.118-7.8 ng/mL 11-19 years old: 0.121-8.22 ng/mL 20-77 years old: 0.125-9.85 ng/mL Male: 0-10 years old: 0.090-6.27 ng/mL 11-19 years old: 0.072-10.56 ng/mL 20-79 years old: <2.45 ng/mL
		Anticipated Use / Clinical Significance: This product is used for quantitative in vitro detection of growth hormone (GH) content in human serum or plasma. Clinically, it is mainly used to assist in evaluating pituitary function and abnormal growth hormone levels caused by non-pituitary diseases. Growth hormone has important physiological functions such as promoting tissue growth, promoting metabolism in the body, promoting fat breakdown, and increasing blood sugar. By measuring the level of growth hormone (GH) secreted by the acidophilic cells of the adenohypophysis in serum, the function of the pituitary gland and metabolic regulation can be evaluated. Qualification: /				
Cardiac Marker	CK-MB SA.02.00001 (SEMI) SJ.02.00001 (AUTO)	Serum / Plasma / Whole blood	15 min	1-100 ng/mL	0.01-120 ng/mL	< 5 ng/mL
		Anticipated Use / Clinical Significance: 1. It can be used as a prognosis to determine the existence of myocardial necrosis. 2. As one of the diagnostic criteria for acute myocardial infarction. Qualification: CE				
	cTnI SA.02.00019 (SEMI) SJ.02.00019 (AUTO)	Serum / Plasma / Whole blood	15 min	0.1-40 ng/mL	0.01-48 ng/mL	< 0.5 ng/mL
		Anticipated Use / Clinical Significance: 1. For the prognosis of acute myocardial infarction and pulmonary embolism. 2. For prognosis of severe infections, heart failure, connective tissue diseases, acute myocarditis, etc. Qualification: CE				
	Myo SA.02.00020 (SEMI) SJ.02.00020 (AUTO)	Serum / Plasma / Whole blood	15 min	5-400 ng/mL	0.01-480 ng/mL	⩽ 60 ng/mL
		Anticipated Use / Clinical Significance: 1. Contribute to early diagnosis and risk stratification of acute coronary syndromes. 2. Detecting myocardial damage caused by surgery or chemotherapy, etc. 3. Evaluation of the effectiveness of thrombolytic therapy in patients with infarction. 4. Evaluation of recurrence of infarction or extension of infarction. Qualification: CE				
	NT-proBNP SA.02.00021 (SEMI) SJ.02.00021 (AUTO)	Serum / Plasma / Whole blood	15 min	50-20000 pg/mL	10-24000 pg/mL	⩽ 300 pg/mL (< 75 years old) ⩽ 450 pg/mL (⩾ 75 years old)
		Anticipated Use / Clinical Significance: 1. It is used for the diagnosis and differential diagnosis of heart failure. 2. NT-proBNP can guide the prognosis of clinical heart failure treatment. 3. Used in the differential diagnosis of acute dyspnea. Qualification: CE				
	H-FABP SA.02.00022 (SEMI) SJ.02.00022 (AUTO)	Serum / Plasma / Whole blood	15 min	3-100 ng/mL	0.1-120 ng/mL	⩽ 7 ng/mL
		Anticipated Use / Clinical Significance: Qualification: CE 1. A good biomarker for the early detection of acute myocardial infarction. 2. Reflects the extent of early myocardial injury and is used to assess myocardial ischemia / reperfusion. 3. is used to assess the severity and prognosis of heart failure. 3. Used to assess the severity and prognosis of heart failure. 4. Used for clinical diagnosis of cerebral infarction. 5. For predicting the risk of cardiac events in patients with mild chronic heart failure, so that active intervention can be undertaken. 6. For assessment of infarct size within 24h of onset in AMI patients with normal renal function.				
	D-Dimer SA.02.00023 (SEMI) SJ.02.00023 (AUTO)	Plasma / Whole blood	15 min	0.1-10 mg/L	0.01-12 mg/L	< 0.5 mg/L
		Anticipated Use / Clinical Significance: 1. Diagnosis of deep vein thrombosis (DVT) or pulmonary embolism (PE) exclusion. 2. Assessment of venous thrombophilia treatment outcome and recurrence monitoring. 3. Diagnosis of diffuse intravascular coagulation (DIC). 4. Effective monitoring and evaluation indicators of thrombolytic efficacy. 5. Assessment of cardiovascular disease (heart failure, atrial fibrillation, bypass surgery, cerebral infarction). Qualification: CE				
	ST2 SA.02.00063 (SEMI) SJ.02.00063 (AUTO)	Serum / Plasma / Whole blood	15 min	5.0-400.0 ng/mL	0.1-450.0 ng/mL	< 35.0 ng/ml
		Anticipated Use / Clinical Significance: It is used for auxiliary diagnosis of acute myocardial infarction, chronic or acute heart failure. Qualification: CE				
	Lp-PLA2 SA.02.00064 (SEMI) SJ.02.00064 (AUTO)	Serum / Plasma / Whole blood	15 min	10.0-1000.0 ng/ml	0.5-1200.0 ng/ml	< 175.0 ng/ml
		Anticipated Use / Clinical Significance: It is used for auxiliary diagnosis of cardiovascular and cerebrovascular diseases such as transient ischemic attack (TIA), atherosclerosis, coronary heart disease, etc. Qualification: CE				
	BNP SA.02.00065 (SEMI) SJ.02.00065 (AUTO)	Serum / Plasma	15 min	5.0-5000.0 pg/mL	0.5-5400.0 pg/mL	⩽ 100.0 pg/mL
		Anticipated Use / Clinical Significance: It is used for auxiliary diagnosis and risk assessment of heart failure. Qualification: CE				

Category	Test Item	Sample	Reaction Time	Linearity Range	Extensible Range	Reference
Cardiac Marker	GDF-15 SA.02.00066 (SEMI) SJ.02.00066 (AUTO)	Serum / Plasma	15 min	0.1-200.0 ng/ml	0.01-200.0 ng/ml	⩽ 0.5 ng/mL
		Anticipated Use / Clinical Significance: It is used for auxiliary diagnosis of cardiovascular and cerebrovascular injuries. Qualification: CE				
	cTnI / Myo / CK-MB SA.02.00024 (SEMI) SJ.02.00024 (AUTO)	Serum / Plasma / Whole blood	15 min	cTnI: 0.1-40 ng/mL CK-MB: 1-100 ng/mL Myo: 5-400 ng/mL	cTnI: 0.01-48 ng/mL CK-MB: 0.01-120 ng/mL Myo: 0.01-480 ng/mL	cTnI < 0.3 ng/mL CK-MB < 5 ng/mL Myo < 60 ng/mL
		Anticipated Use / Clinical Significance: Evaluation index of myocardial damage stage: 1. Eliminate the leakage and misdiagnosis caused by MYO single test, and improve the accuracy of the test. 2. Facilitate early detection of ACS patients, recurrent or secondary infarction, and further strengthen the prognosis judgment. Qualification: CE				
	cTnI / NT-proBNP SA.02.00025 (SEMI) SJ.02.00025 (AUTO)	Serum / Plasma / Whole blood	15 min	cTnI: 0.1-40 ng/mL NT-proBNP: 50-20000 pg/mL	cTnI: 0.01-48 ng/mL NT-proBNP: 10-24000 pg/mL	cTnI< 0.5 ng/mL NT-proBNP ⩽ 300 pg/mL (<75 years old) NT-proBNP ⩽ 450 pg/mL (⩾75 years old)
		Anticipated Use / Clinical Significance: 1. Used for the prediction of acute myocardial infarction and pulmonary embolism. 2. Used to predict serious infections, heart failure, connective tissue diseases, acute myocarditis and other conditions. 3. Used for diagnosis and differential diagnosis of heart failure. 4. NT-proBNP can guide the therapeutic efficacy and prognosis of clinical heart failure. 5. Used for differential diagnosis of acute dyspnea. Qualification: CE				
	cTnT SA.02.00052 (SEMI) SJ.02.00052 (AUTO)	Serum / Plasma / Whole blood	15 min	30.0~10000.0 pg/mL	10-20000 pg/mL	< 100.0 pg/mL
		Anticipated Use / Clinical Significance: 1. Mainly used to rule out acute myocardial infarction: cTnT has high tissue specificity, is specific to the heart, and is a highly sensitive marker of cardiomyocyte damage. In the setting of acute myocardial infarction (AMI), serum troponin T levels increase 2-4 hours after the onset of cardiac symptoms and remain elevated for up to 14 days. 2. Monitor acute coronary syndrome and assess prognosis: For patients with acute coronary syndrome, when cTnT ⩾ 0.1ng/mL, a diagnosis of cardiac injury can be made, while a decrease in the value indicates the patient's recent cardiac injury. 3. Monitor patients with non-ischemic causes of cardiac injury: A troponin T of 0.01 ng or greater is a prognostic marker for patients with ischemic heart disease and most other conditions, and all troponin Ts greater than 0.1, 0.01 ng Grams per milliliter patients have an increased relative risk of cardiac events than those without elevated troponin T. Qualification: CE				
	hs-cTnI (Detection Limit: 0.005ng/mL) SJ.02.00106 (SEMI)	Serum / Plasma / Whole blood	13 min	0.02-50 ng/mL	0.001-60 ng/mL	< 0.036 ng/mL
		Anticipated Use / Clinical Significance: This product is used for quantitative detection of cardiac troponin I content in human serum, plasma or whole blood. It is mainly used in clinical auxiliary diagnosis of myocardial infarction; cTnI is a specific marker for myocardial cell injury and is the preferred biomarker for the diagnosis, risk stratification, treatment and prognosis assessment of acute coronary syndrome. Qualification: /				
	ox-LDL SJ.02.00109 (SEMI)	Serum / Plasma / Whole blood	/	/	/	/
		Anticipated Use / Clinical Significance: Ox-LDL is a specific component in the atherosclerotic lesion area and does not exist in normal arterial tissue. Its content significantly increases when cardiovascular and cerebrovascular diseases occur, and it can be used as a specific diagnostic indicator for atherosclerotic cardiovascular diseases, providing an early warning for cardiovascular diseases. Qualification: /				
	cTnI (Detection Limit: 0.04ng/mL) SJ.02.00114 (SEMI)	Serum / Plasma / Whole blood	15 min	0.04-40 ng/mL	0.01-48 ng/mL	< 0.5 ng/mL
		This product is used for quantitative detection of cardiac troponin I content in human serum, plasma or whole blood. It is mainly used in clinical auxiliary diagnosis of myocardial infarction; cTnI is a specific marker for myocardial cell injury and is the preferred biomarker for the diagnosis, risk stratification, treatment and prognosis assessment of acute coronary syndrome. Qualification: /				
Kidney	NGAL SA.02.00026 (SEMI) SJ.02.00026 (AUTO)	Serum / Plasma / Whole blood	10 min	50-1000 ng/mL	1-1200 ng/mL	< 60 ng/mL
		Anticipated Use / Clinical Significance: 1. NGAL is an early marker of acute kidney disease, chronic kidney disease (CKD), and diabetes complicated with kidney damage. 2. NGAL can monitor the progression of the disease and reflect the severity of renal function damage. 3. NGAL can be used as one of the prognostic indicators of AI and can evaluate the prognosis. Qualification: CE FDA				
	mAlb SA.02.00027 (SEMI) SJ.02.00027 (AUTO)	Urine	15 min	5-300 mg/L	4-360 mg/L	0-20 mg/L
		Anticipated Use / Clinical Significance: 1. mAlb is one of the earliest objective indicators of glomerular microvascular disease induced by diabetes, and is of great significance for the early diagnosis of diabetic nephropathy. 2. Used to evaluate the risk of renal complications in patients with diabetes. 3. Early markers of hypertensive kidney damage: It can be used for early detection of hypertensive kidney disease and can also be used to evaluate the efficacy of hypertension. Qualification: CE				
	CysC SA.02.00028 (SEMI) SJ.02.00028 (AUTO)	Serum / Plasma / Whole blood	5 min	0.2-10 mg/L	0.01-12 mg/L	0.5-1.1 mg/L
		Anticipated Use / Clinical Significance: 1. It can be used to evaluate renal function damage and has the advantages of high specificity, good accuracy and strong sensitivity. 2. It can reflect the recovery of renal function in a timely manner, especially for patients with delayed transplant renal function, and can quickly diagnose acute rejection or renal damage that may be caused by drug treatment. 3. It is a sensitive indicator for detecting diabetic nephropathy. 4. A good indicator to identify the renal function status of patients with cirrhosis. 5. It can be used to monitor GFR in perinatal women and has good diagnostic accuracy for preeclampsia. 6. Reliable risk factors for predicting death. Qualification: CE				
	β2-MG SA.02.00029 (SEMI) SJ.02.00029 (AUTO)	Serum / Plasma / Whole blood	15 min	0.3-20 mg/L	0.1-24 mg/L	1.0-2.7 mg/L
		Anticipated Use / Clinical Significance: Qualification: CE 1. Can be used to estimate renal function indicators. 2. It is the main marker of lymphocyte proliferative diseases, such as multiple myeloma, chronic lymphocytic leukemia, etc., and the blood β2-MG concentration increases significantly. 3. Can be used to evaluate the prognosis and treatment effect of myeloma. 4. Can be used to monitor viral infections, such as human cytomegalovirus, Epstein-Barr virus, hepatitis B or hepatitis C virus, and HIV infection prognosis. 5. It can be used to evaluate the activity of autoimmune diseases and can be used as an indicator to observe the efficacy of drugs.				