

POCT Fluorescent Immunoassay Analyzer

AFS330H



- Compact design and convenient operation for indoor and outdoor use
- Quick detection, with a detection time not exceeding 10 seconds
- The operation is simple and convenient, and normal people can operate on it after simple training
- The report results are timely and accurate, eliminating the tedious process of sample collection and testing
- On-site instant printing with built-in thermal printer

applicable scene

Community hospitals, clinics, pharmacies, etc



Performance parameters

- Testing principle: Fluorescence immunoassay
- Testing channel: Single-channeled
- Testing speed: Time for one Test < 10 s
- Sample type: Peripheral Blood/Nasopharyngeal Swab
- Testing items: Up to 256
- Number of items per card: Multiple items per card is supported
- Screen size: 5.5 inch Touch Screen
- Data storage volume: 2G RAM, 16G EMMC
- Data transmission: Support One-way/Both-way LIS transmission
- Printer: Built-in thermal printer
- Language interface: English and other languages
- Reagent card code: Bar code, QR code (customizable)

Test Reagents of AFS330H

Test Item	Item No.	Specimen	Reaction Time	Linearity Range	Reference	Anticipated Use / Clinical Significance
CRP	SA.02.00002	Fingertip blood or nasopharynx	3 min	0.5-200 mg/L	< 10 mg/L	<ol style="list-style-type: none"> 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.
D-Dimer	SA.02.00023	Fingertip blood or nasopharynx	15 min	0.1-10 mg/L	< 0.5 mg/L	<ol style="list-style-type: none"> 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)
HbA1c	SA.02.00030	Fingertip blood or nasopharynx	15 min	2-14%	3.8 ~ 5.8%	<ol style="list-style-type: none"> 1. Used for clinical diabetes screening, monitoring, diagnosis, blood sugar control 2. efficacy evaluation, and identification of diabetic hyperglycemia and stress hyperglycemia
RSV	SA.02.00045	Fingertip blood or nasopharynx	15 min	/	/	The etiological diagnosis of RSV mainly involves virus isolation and immunofluorescence detection of RSV antigens in cells exfoliated from nasopharyngeal secretions of patients
Influenza A/B	SA.02.00046	Fingertip blood or nasopharynx	15 min	/	/	For rapid differential diagnosis of acute influenza A and B viral antigen infections.
Strep A	SA.02.00047	Fingertip blood or nasopharynx	15 min	/	/	Group A Streptococcus is the main pathogen causing pharyngitis. Accurate diagnosis of the causative agent is important for correct treatment of this disease. Group A Streptococcus infection requires antibiotic treatment. If left untreated, it may cause serious sequelae such as rheumatic heart disease and even bacteremia.
Adenovirus	SA.02.00048	Fingertip blood or nasopharynx	15 min	/	/	ADV adenovirus detection shows that adenovirus is generally transmitted through the respiratory tract, and adenovirus upper respiratory tract infection and pneumonia often occur simultaneously in collective children's institutions.



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