CombiScreen® mALB / CREA

analyticon

For determination of uACR in spontaneous urine

- Cost-effective and fast method
- Independent of the urine concentration
- Reliable screening due to high sensitivity to albumin
- Point-of-Care Testing

analyticon

Analysis of a spontaneous urine sample to determine the urinary albumin-creatinine ratio (uACR) is strongly recommended in current screening guidelines. A persistent value above 30 mg/g may indicate chronic kidney disease (CKD). The KDIGO heat map can be used to help the physician classify risk and decide on necessary follow-up measures.[1]

Intended Use

To determine uACR in spontaneous urine as an aid to further diagnosis of microalbuminuria in people with chronic conditions, such as diabetes and high blood pressure that puts them at an increased risk of developing a kidney disease. It may also be associated with some lipid abnormalities and various immune disorders[2].

Other diseases or conditions[3]

- Blood in the urine
- Urinary tract infection
- Vigorous exercise
- Other acute illnesses
- Preeclampsia
- Dehydration
- Interference by drugs

Testing should be repeated after these conditions have resolved.

Screening immediately during a physician, clinic or hospital visit

- CombiScreen® mALB / CREA urine test strips for the determination of the albumin-to-creatinine ratio.
- Use of spontaneous voided urine, preferentially morning urine samples.
- The result is available after 60 seconds.
- No need to send samples and no waiting time for a laboratory evaluation.

Precise

No 24h sample collection is necessary. The albumin-to-creatinine ratio delivers information about the patient's urinary albumin concentration using a spontaneous voided morning urine sample.

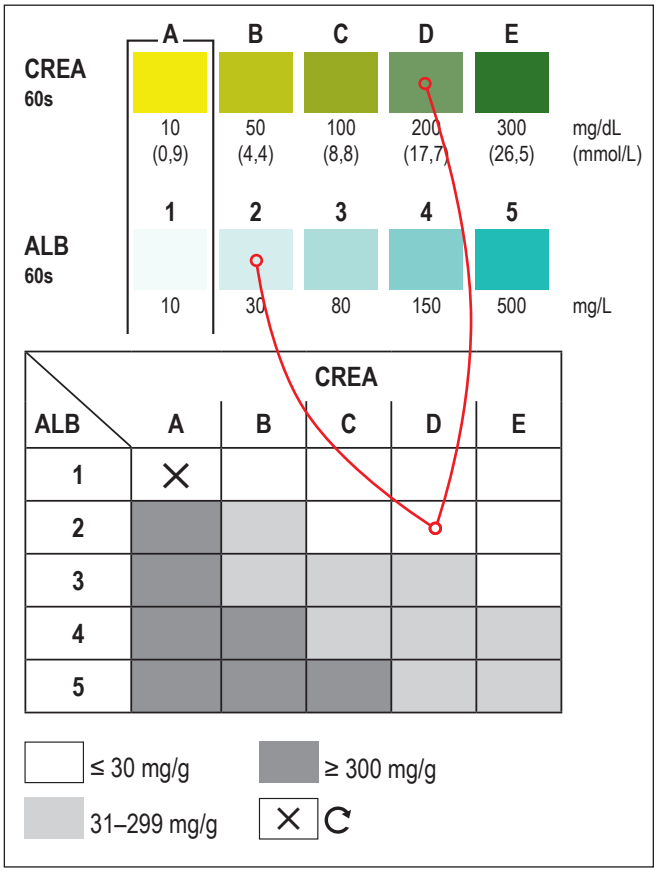
Easy to use

For visual interpretation: The attached results table allows the direct determination of the uACR.
For instrumental evaluation: Automatic calculation and classification of uACR by the Urilyzer® 100 Pro.

Sensitive

Increased sensitivity to albumin compared to the conventional protein test field, therefore suitable for the determination of uACR, e.g. to obtain an early indication of the possible presence of chronic kidney disease.

The evaluation of the result is extremely simple and reliable due to the table:



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[1] De Boer, I.H. et al.; „Diabetes Management in Chronic Kidney Disease: A Consensus Report by the American Diabetes Association (ADA) and Kidney Disease: Improving Global Outcomes (KDIGO)"; Diabetes Care 45; 2022; 3075–3090
[2] Forbes, Gallagher; „Chronic kidney disease in adults: assessment and management"; Clin Med (Lond); 2020; 20(2): 128-132
[3] Dikow et al.; „Mikroalbuminurie: Frühwarnsystem für den nierenkranken Diabetiker"; Deutsches Ärtzeblatt; 2003; 100 (17): A-110/B 926-870

Analyticon Biotechnologies GmbH
Am Muehlenberg 10
35104 Lichtenfels - Germany
Phone: +49 6454 7991-0
info@analyticon-diagnostics.com
www.analyticon-diagnostics.com

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