

BIOMÉRIEUX

# VIDAS<sup>®</sup> TBI (GFAP, UCH-L1)

A GAME CHANGER FOR mTBI\* PATIENT EVALUATION

DOES YOUR PATIENT REALLY  
NEED A HEAD CT SCAN?



GFAP  
UCH-L1

\*Mild Traumatic Brain Injury

PIONEERING DIAGNOSTICS

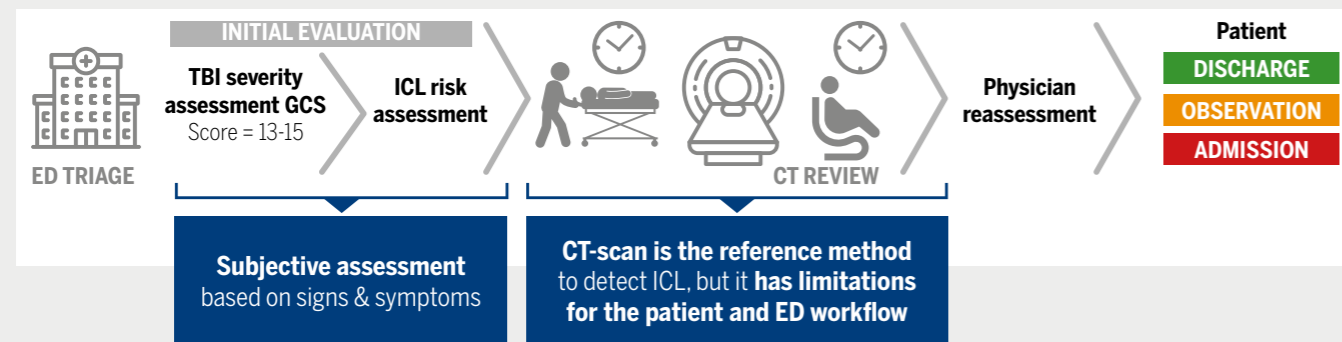
## Did you know?

**> 80%** of TRAUMATIC BRAIN INJURIES are MILD (mTBI)<sup>1,2</sup>

**mTBI makes ~10%** OF ED VISITS EACH YEAR<sup>3</sup>

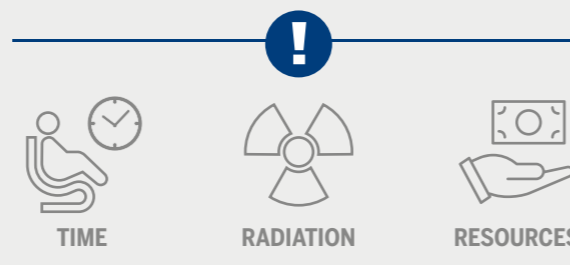
**Not to miss intracranial lesions (ICL)** is a key clinical concern in mTBI patients<sup>4</sup>

Current mild TBI diagnostic workup can be subjective and time consuming<sup>5</sup>



Significant numbers of CT scans in mTBI could be avoided

**> 90% of CT-scans** in mTBI patients show no abnormalities<sup>6</sup>

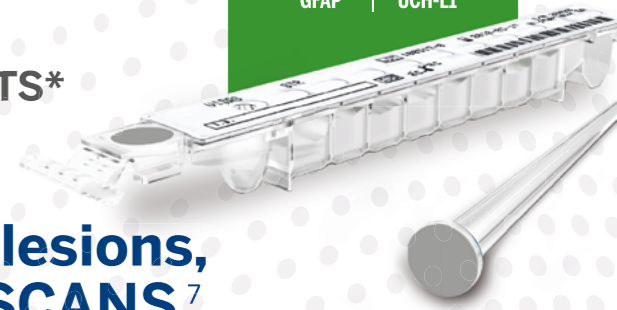


**WHAT IF YOU COULD SHORTEN THE TOTAL WORKUP TIME FOR YOUR mTBI PATIENTS?**

# VIDAS<sup>®</sup> TBI (GFAP, UCH-L1)

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

VIDAS<sup>®</sup> TRAUMATIC BRAIN INJURY BIOMARKERS



**Safely RULES-OUT intracranial lesions, CAN REDUCE unnecessary CT-SCANS<sup>7</sup>**

**HIGH SENSITIVITY**  
**96.7%**

**HIGH NPV**  
**99.5%**

**GOOD SPECIFICITY**  
**41.2%**

**Discriminates more patients<sup>5</sup>**

- 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<sup>5</sup>**

**+** **POSITIVE**  
GFAP and/or UCH-L1 positive

**-** **NEGATIVE**  
Both GFAP and UCH-L1 negative

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

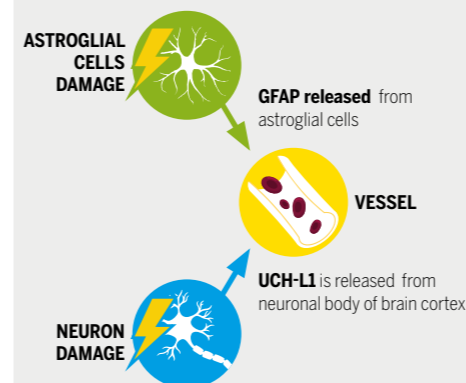


**YOU CAN AVOID UNNECESSARY CT SCANS & DISCHARGE MTBI PATIENTS EARLIER.**

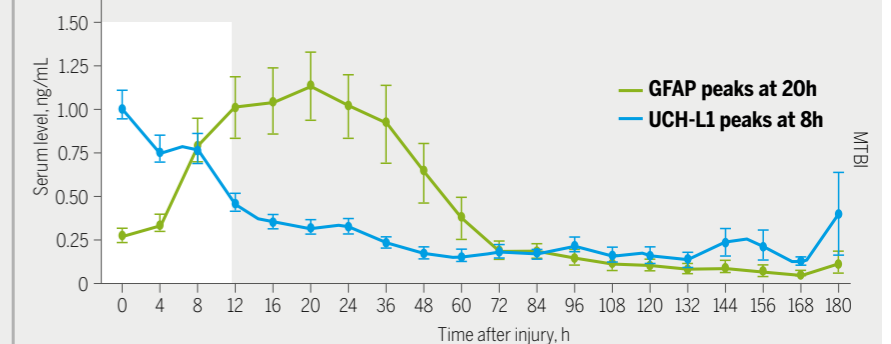


## THE POWERFUL COMBINATION OF GFAP and UCH-L1 PREDICTS THE ABSENCE OF INTRACRANIAL LESIONS

2 injury processes reflecting brain damage



Combination of biomarkers can be tested within 12h from injury



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<sup>®</sup> 3 AND VIDAS<sup>®</sup> KUBE<sup>™</sup>

## BECAUSE IT MAKES SENSE ON VIDAS<sup>®</sup>

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

**Comprehensive  
emergency  
panel** on a single  
instrument



**24/7**  
On-demand  
automated  
testing



**Fast  
& Simple  
results**

**Easy to  
perform**



**All-inclusive  
kits, limited  
calibrations  
and controls**

### VIDAS<sup>®</sup> 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 <sup>™</sup>
CARDIAC	NT-proBNP2
	Hs Troponin I
TRAUMATIC BRAIN INJURY	GFAP, UCH-L1
VENOUS TRHOMBO-EMBOLISM / COAGULATION	D-Dimer Exclusion <sup>™</sup> II
ACUTE KIDNEY INJURY	NEPHROCHECK <sup>®</sup>

VIDAS<sup>®</sup> 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 this country. Please contact your local bioMérieux representative for further information and product availability.

#### REFERENCES

- 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>
- Levin H. Lancet Neurol 2015; [https://www.thelancet.com/journals/laneur/article/PIIS1474-4422\(15\)00002-2/fulltext](https://www.thelancet.com/journals/laneur/article/PIIS1474-4422(15)00002-2/fulltext)
- Source: <https://www.center-tbi.eu/patients/facts>
- Gil-Jardiné C, et al. MANAGEMENT OF PATIENTS SUFFERING FROM MILD TRAUMATIC BRAIN INJURY 2023. Anaesth Crit Care Pain Med. 2023 Jun 5;101260.
- Bazarjian J, et al. Serum GFAP and UCH-L1 for prediction of absence of intracranial injuries on head CT (ALERT-TBI): a multicentre observational study. Lancet Neurol. 2018;17:782-789.
- 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.
- VIDAS<sup>®</sup> TBI Package Insert (or IFU) last version as per IVDR approval.