



The smart way to manage your anticoagulation clinic



A barcode scanner can make a difference

There has been an extraordinary increase in the use of vitamin K antagonists (VKAs), driven mainly by an aging population. Millions of people worldwide are now taking VKAs for a variety of indications, e.g. atrial fibrillation (AF), deep vein thrombosis (DVT), pulmonary embolism (PE), and the presence of a mechanical heart valve (MHV).

To best monitor the efficiency of VKAs, an international normalized ratio (INR) is frequently required. This test can be done in your clinic, using a small drop of blood from your patient's fingertip.

This allows you to adapt the VKA dose on the spot – you can check compliance and spend quality time with a better protected and more satisfied patient.

Since 1993, CoaguChek systems from Roche have set the standard in point-of-care INR testing for patients on oral anticoagulant therapy – giving clinicians confidence in making critical treatment decisions. More than two million patients on VKA around the world are currently tested with a CoaguChek system: you can feel confident that you are making the right decision when selecting today a CoaguChek XS Pro system.

A few easy steps



1) Automatic switch-on of the CoaguChek XS Pro system by insertion of the test strip.



2) Virtually pain-free lancing with a lancing device approved for professional use (e.g. the Accu-Chek® Safe-T-Pro Plus).



 Top- or two-side dosing option for easy application.
 One small drop of blood (8 μL). Builtin quality control on every strip.



4) INR results within seconds.



A barcode scanner can make a difference!

For busy general practitioner (GP) practices or anticoagulation clinics, high patient throughput can be a challenge. The integration of patient barcode scanner and operator identification enhances both safety and workflow.

Connectivity is straightforward via various ports, whether to the Roche Point-of-Care Data Management Solution (**cobas IT** 1000 application) or to your computer and network. Electronic capture for billing, linking straight into VKA dosage software or electronic patient records, improves your practice management.

Offers you more...

... safety

- Onboard control on every strip in the measuring channel: no need to run liquid controls
- · INR compares very well with CoaguChek XS Plus system¹
- Possibility to test and modify VKA dose on the spot in one appointment
- Optional liquid quality control (QC) to meet possible regulatory requirements
- · Optional operator & QC lockouts
- · Patient and operator ID scanning
- · Frequent testing:
 - · allows timely dosage changes
 - increases time in therapeutic range²
 - · reduces adverse events3

... improved workflow

- · Workflow enhanced by barcode scanner for
 - Operator ID
 - · Patient ID
- Data transfer to Laboratory Information Systems (LIS) with optional Handheld Base Unit connected to cobas IT 1000 application or local data management solution

... confidence

- · Over 20 years of experience from Roche in INR monitoring
- · Over 2 million patients tested on a CoaguChek system
- Easy documentation and reporting with the optional Handheld Base Unit
- · Up to 2,000 test results stored to review trends
- · Increased patient compliance
- · Consistency of results all tests come from a single source
- · More control of your patients' compliance and condition
- More quality time with patients

... convenience

- · About 1 minute to get an accurate INR result
- · Tiny fingerstick sample 1 drop (8 µL) of capillary whole blood
- Virtually pain-free sampling with a lancing device such as the Accu-Chek Safe-T-Pro Plus – No need for venous blood sampling
- Easy blood application: top- or sidedosing options, outside the meter to prevent cross-contamination
- · Touch screen with icon-based LCD display
- · Up to 60 calibrations stored on code chip
- Strips stable for up to 21 months



INR testing at your practice, using a CoaguChek XS Pro system, can significantly improve your patients' safety and quality of life.

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CoaguChek XS Pro meter

Test principle Electrochemical determination of international normalized

ratio (INR) after activating coagulation with human

recombinant thromboplastin

Turnaround time Approximately 1 min.

User interface Full graphical TFT colour screen

Memory capacity 2,000 patient and 500 QC results with date and time

Auto power Auto-on with strip insertion;

auto-off programmable 1-60 min.

Power supply 4 x 1.5 V AA batteries or

optional rechargeable battery pack

Battery life Up to 80 tests on batteries, up to 60 tests

per cycle on battery pack

Operating temperature $+15\,^{\circ}\text{C}$ to $+32\,^{\circ}\text{C}$ Operating relative humidity $10\,\%$ to $85\,\%$ Operating maximum altitude $4,300\,\text{m}$

Dimensions 231 x 97 x 43 mm

Weight 350 g (without batteries)
Connectivity To computer/LIS/HIS through

optional Handheld Base Unit

Patient/Operator identification Integrated barcode scanner

CoaguChek XS PT test

Blood sample size 8μ

Sample types Capillary whole blood or non-anticoagulated venous

whole blood

Blood application Top- and 2 side-dosing options, outside the meter

Measuring range INR: 0.8 – 8.0

International

sensitivity index (ISI) Approximately 1.0 (in line with World Health Organization

(WHO) recommendation)

Calibration Master lot calibrated directly against international

reference method

INR reproducibility Coefficient of variation (CV) <4.5% for capillary blood

Heparin insensitivity · Heparin concentrations up to 0.8 U/mL

· Low molecular weight heparins (LMWH) up to 2 IU/mL

antifactor Xa activity

Hematocrit range 25 – 55 °C

Quality control On-board control on every strip in the measuring channel

Stability 21 months from production (+2 °C to +30 °C)

More than 2 million patients on vitamin K antagonists around the world are testing with a CoaguChek® system





References

- 1 Plesch, W., Wolf, T., Dikkeschei, B. (2007). INR results of the CoaguChek XS Plus are equivalent to those of the CoaguChek XS system. Poster presented at the ISTH Congress, July 9, Geneva, Switzerland.
- 2 Matchar, D.B., Jacobson, A., Dolor, R., Edson, R., Uyeda, L. et al. (2010). Effect of home testing of international normalized ratio on clinical events. N Engl J Med 363, 1608-1620.
- 3 Heneghan, C., Alonso-Coello, P., Garcia-Alamino, J.M., Perera, R., Meats, E., Glasziou, P. (2006). Self-monitoring of oral anticoagulation: a systematic review and meta-analysis. Lancet; 367:404–411.

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