# Broadest liquid, ready-to-use portfolio

for enhanced quality and efficiency





# Werfen offers the most liquid, ready-to-use Hemostasis assays

HemosIL liquid, ready-to-use assays eliminate reconstitution time, acclimation time and repetitive manual pipetting, leading to many clinical and economic benefits:

- Reduced potential for human error
- Better precision
- Excellent onboard stability

- Time and cost savings
- Faster turnaround
- Greater efficiency

# Save time, improve quality and streamline operations

HemosIL liquid, ready-to-use assays help reduce errors and improve turnaround times.

#### **Faster turnaround times**

- Reduce manual handling, and wait-time
- · Ready-to-use format saves valuable tech time
- No reagent reconstitution wait-time eliminates workflow interruptions
- No acclimation delay (typically 30 minutes) can save hundreds of hours/year
- Reduce risk of repetitive stress and other potential staff injuries

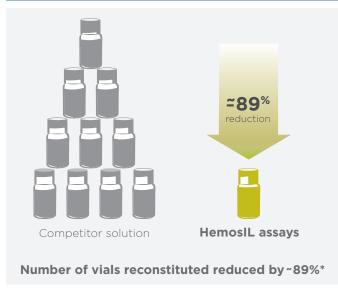
# Improve quality of results

- Reduce manual handling, minimizing risk of human error<sup>1,2</sup>
- Reduce vial-to-vial variability and inconsistency between reagent lots for better precision

# Streamline logistical and operational management

- Facilitate material purchasing administration and inventory management
- Reduce errors and delays in total turnaround time

# Significantly reduce reconstitution time

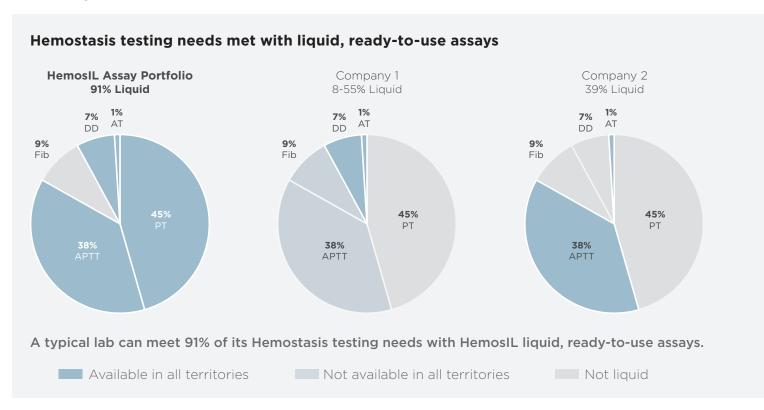


\*Simulation of a high-volume routine testing scenario with PT, APTT, D-Dimer, Anti-Xa and Fibrinogen assays.

Ready when you are. Consolidate Hemostasis testing on a single platform for simplicity, faster turnaround and better patient care.

# **Consolidate Hemostasis testing on a single platform**

Werfen meets your needs with significantly more liquid, ready-to-use Hemostasis assays than any other manufacturer.



# **Greater efficiency in Hemostasis testing**

HemosIL portfolio includes liquid, ready-to-use assays for PT, APTT, D-dimer and Antithrombin.

# Liquid, ready-to-use assays among major Hemostasis testing providers

	PT	APTT	FIB	DD	AT
Werfen	•	•		•	•
Company 1		<b>*</b> *	<b></b> *	•	•
Company 2		•			•

<sup>\*</sup>Not available in all territories.

# The broadest menu of liquid, ready-to-use Hemostasis assays



# **General Screening and Anticoagulant Testing**

RecombiPlasTin® 2G

♦ ReadiPlasTin® **INR Validate** ISI Calibrate

#### APTT

- ♦ SynthASil®
- SynthAFax®
- ▲ APTT-SP

#### Fibrinogen Clauss

Fib-C

Q.F.A. Thrombin

#### UF/LMW Heparin

◆ Anti-Xa (1-stage) Heparin (2-stage)

#### **DOACs**

Dabigatran (DTI)\*

- ♠ Rivaroxaban (Anti-Xa)\*
- Apixaban (Anti-Xa)\*

#### Other

Thrombin Time Hepatocomplex\* Pro-Werfen-Complex\*

#### **Fibrin Formation and** Degradation

#### D-Dimer

- D-Dimer HS 500 D-Dimer 500\*
  - D-Dimer HS
  - D-Dimer
- ◆ AcuStar D-Dimer

#### **Fibrinolysis**

♦ FDP\*

Plasminogen Plasmin Inhibitor

# **Bleeding Disorders**

#### Coagulation Factors

Intrinsic Factors Extrinsic Factors

◆ FXIII Antigen

#### von Willebrand Disease

- VWF Antigen VWF Activity
- VWF Ristocetin Cofactor Activity\*
- AcuStar VWF Antigen\*
- AcuStar VWF Ristocetin Cofactor Activity\*
- AcuStar VWF CB\*

#### **Heparin-Induced Thrombocytopenia**

- ♦ HIT-Ab<sub>(PF4-H)</sub>
- ♦ AcuStar HIT-IgG<sub>(PF4-H)</sub>

#### **Thrombophilia**

Antithrombin

Protein C (Chromogenic) Protein C (Clotting) Free Protein S (Antigenic) Protein S Activity (Clotting) FV Leiden (APC-R V)

Homocysteine

◆ Xpert HemosIL® FII & FV

#### **Antiphospholipid Syndrome**

- Silica Clotting Time dRVVT Screen dRVVT Confirm
- AcuStar aCL IgG
- ◆ AcuStar aCL IgM
- ♦ AcuStar aß, GPI IgG
- ♦ AcuStar aß GPI IgM AcuStar aß, GPI Domain 1\*

Liquid, ready-to-use format. | \*Not FDA 510(k)-cleared. Not saleable in the US. Not available in all countries.

# For enhanced quality and efficiency, choose HemosIL assays\* for Hemostasis testing.

#### References

1. Bonini P, Plebani M, Ceriotti F, Rubboli F. Errors in laboratory medicine. Clin Chem. 2002;48(5):691-698.

2. Simundic AM, Lippi G. Preanalytical phase—a continuous challenge for laboratory professionals. Biochem Med. 2012;22(2):145-149.

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