

For Emergency Department Physician

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# Admit or Discharge?

## Rethink Triage

### with suPARnostic®

*Decisive support for your patient triage in the Emergency Department*

#### **suPARnostic® Test benefits:**

- Discharge 22% <sup>1</sup> more patients
- Reduce hospital length of stay by 6% <sup>2</sup>
- Universal biomarker; prognostic evidence across diseases
- Reduce doubt in clinical decisions
- Significant cost savings
- Automated test or Point of Care

*Learn more at [virogates.com](http://virogates.com)*

**RETHINK  
TRIAGE**

 **suPARnostic®**  
by **ViroGates**

## suPARnostic® Test

suPAR (soluble urokinase Plasminogen Activator Receptor) is a universal prognostic biomarker of chronic inflammation and immune activation, used for risk stratification of acute medical patients in the Emergency Department.

### suPAR can be quantified using the

- Automated suPARnostic® TurbiLatex Test in central lab ~ 10 min. analysis
- suPARnostic® Quick Triage Point of Care Test - quick results in 20 min.

suPARnostic® is the only CE-IVD certified product range applied for clinical determination of suPAR, and has been in clinical routine use since 2013.

suPARnostic® is produced by ViroGates in Denmark. ViroGates is listed on NASDAQ OMX First North.

## Admit or Discharge? Rethink Triage with suPARnostic®

suPARnostic® will increase the efficiency of the Emergency Department with improved risk stratification of all patients, based on prognostic evidence:

- Classify 34%<sup>1</sup> more patients into low-risk category
- Discharge 22%<sup>1</sup> more patients, reduce crowding and readmissions
- Reduce hospital length of stay by 6%<sup>2</sup> and reduce hospital costs
- Reduce doubt - supports you in your clinical decision to discharge or admit a patient
- Overall improved patient care

The suPAR level is a strong predictor of all-cause mortality across diseases, patients, and age groups. suPAR can be used to identify high risk patients and discriminate between non-survivors and survivors.

suPAR is thoroughly described in the peer-reviewed literature with more than 700 publications in PubMed.



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<sup>1</sup> Schultz et al. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 2019, 27:43, <sup>2</sup> Schultz et al. *Disease Markers*, 2019, 10:1-8, <sup>3</sup> Rasmussen et al. *EMJ*, 2016

## suPARnostic® Patient Guideline

Ambulance

Walk-in

General practitioner

Emergency Department

Triage

suPAR  
<3 ng/mL  
Supports  
discharge  
decision



56%

suPAR  
3-6 ng/mL  
Indicates  
inflammation



32%

suPAR  
>6 ng/mL  
Immediate  
clinical  
attention



12%

**suPAR** reduces your Emergency Department crowding by identifying 56%<sup>3</sup> of the non-acute patients with low suPAR level who can be discharged.

**suPAR** supports that 32%<sup>3</sup> of the patients with medium suPAR level are diseased and need further investigation.

**suPAR** identifies the patients with high suPAR level (12%<sup>3</sup>) and high risk of severe diseases who needs clinical attention.

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