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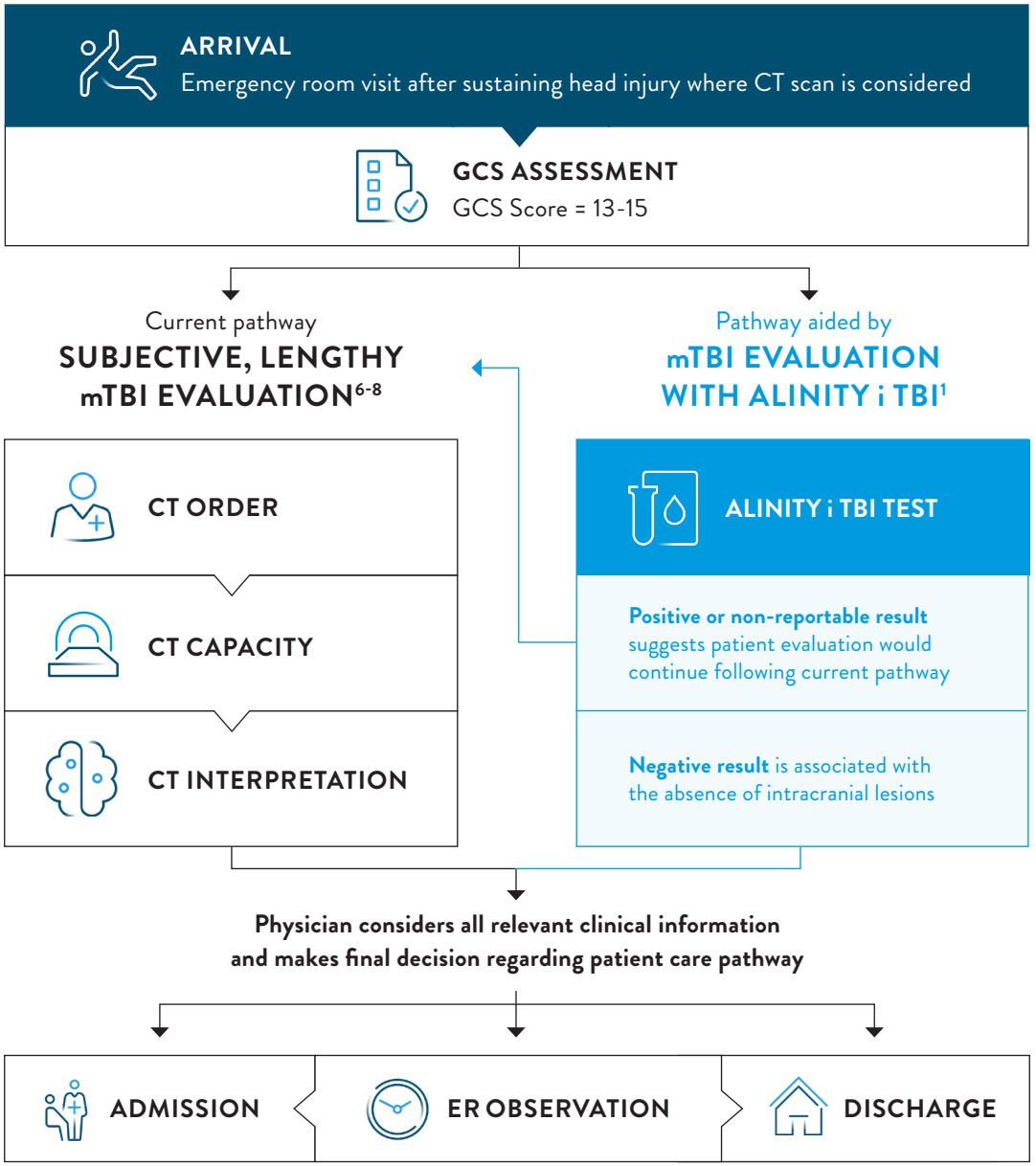
IT'S MORE THAN A TEST.

IT'S AN OBJECTIVE APPROACH TO AID IN RULING OUT THE PRESENCE OF ACUTE INTRACRANIAL LESIONS.[1]

Integrating the Alinity i TBI test into evaluation pathways for suspected mild traumatic brain injury (mTBI) offers **the potential to reduce unnecessary CT scans by up to 40%** and may help optimize care and resources in your emergency room (ER).[1-6]

96.7% CLINICAL SENSITIVITY

99.4% NEGATIVE PREDICTIVE VALUE



In conjunction with other clinical information, the Alinity i TBI test aids in the evaluation of patients ≥18 years of age presenting to the ER within 12 hours of suspected mild traumatic brain injury to help rule out the need for a head CT scan.[1] The TBI test is intended for use in clinical laboratory settings by healthcare professionals.

CT = computed tomography; GCS = Glasgow Coma Scale

IMPACT OF INTEGRATING ALINITY i TBI

IT'S MORE THAN A TEST.

It's confidence—an objective result, with high sensitivity to detect blood-based biomarkers of mild brain injury within 12 hours of head trauma—giving clinicians the power to predict the absence of intracranial lesions in adult patients with suspected mTBI.[1]

It's optimizing care and resources—with the potential to reduce unnecessary CT scans by up to 40%.[1,2] Protect patients from a costly procedure that exposes them unnecessarily to radiation.[1,3-5]

It's a more efficient ER and a better experience for patients and their families. When physicians are empowered to accurately assess the absence of intracranial lesions without a CT scan, it may help them discharge patients faster from the emergency room—increasing patient throughput and reducing length of stay.[1,6] So patients can get back to what matters most to them.

REFERENCES: 1. Alinity i TBI H22974R01. Instructions for use. Abbott Ireland Diagnostics Division. Sligo, Ireland; October 2021. **2.** Data on file at Abbott. **3.** Bazarian JJ, Biberthaler P, Welch RD, 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(9):782-789. doi:10.1016/S1474-4422(18)30231-X **4.** Wang KKW, Kobeissy FH, Shakkour Z, Tyndall JA. Thorough overview of ubiquitin C-terminal hydrolase-L1 and glial fibrillary acidic protein as tandem biomarkers recently cleared by US Food and Drug Administration for the evaluation of intracranial injuries among patients with traumatic brain injury. *Acute Med Surg*. 2021;8(1):e622. doi:10.1002/ams2.622 **5.** Bazarian JJ, Welch RD, Caudle K, et al. Accuracy of a rapid GFAP/UCH-L1 test for the prediction of intracranial injuries on head CT after mild traumatic brain injury [published online ahead of print, 2021 Aug 6]. *Acad Emerg Med*. 2021;10.1111/acem.14366. doi:10.1111/acem.14366 **6.** Michelson EA, Huff JS, Loparo M, et al. Emergency department time course for mild traumatic brain injury workup. *West J Emerg Med*. 2018;19(4):635-640. doi:10.5811/westjem.2018.5.37293 **7.** Stiell IG, Clement CM, Rowe BH, et al. Comparison of the Canadian CT Head Rule and the New Orleans Criteria in patients with minor head injury. *JAMA*. 2005;294(12):1511-1518. doi:10.1001/jama.294.12.1511 **8.** Korley FK, Kelen GD, Jones CM, Diaz-Arrastia R. Emergency department evaluation of traumatic brain injury in the United States, 2009–2010. *J Head Trauma Rehabil*. 2016;31:379-387. doi:10.1097/HTR.0000000000000187

For In Vitro Diagnostic Use.

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