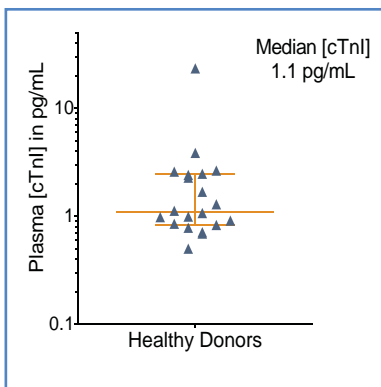
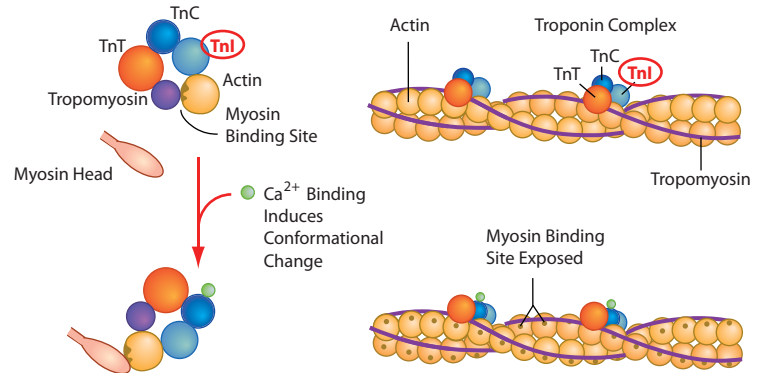


Biology and Disease

Cardiac Troponin-I (cTnI) is specific to cardiomyocytes and is released into blood following heart damage. Extensive studies have shown that cTnI is slowly released from damaged cardiomyocytes. Measurement of cTnI concentrations in plasma are the standard of care for diagnosing non-STEMI acute myocardial infarction (AMI). In addition, this biomarker has been widely accepted in preclinical and clinical drug development settings as an indicator of myocardial damage and hence, heart damage.



The Erenna® cTnI Immunoassay Kit reliably quantifies cTnI in healthy subjects, who have a median [cTnI] of 1.1 pg/mL that is well above the detection limit of 0.1 pg/mL.

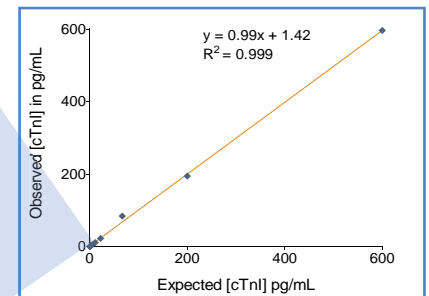
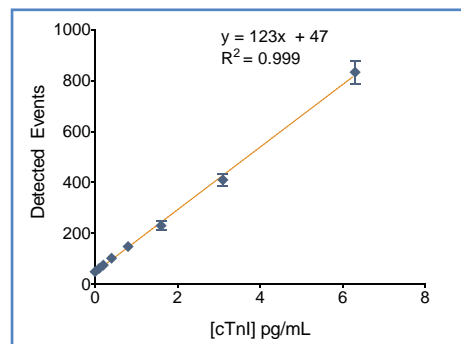


FIGURE 1: [cTnI] in EDTA plasma from 20 healthy donors, with median and interquartile range.

FIGURE 2: Erenna® cTnI Immunoassay kit low-end standard curve signal (left) and curve fit (above).

The Erenna® cTnI Immunoassay kit is cross-reactive with human, dog, rat and mouse species.

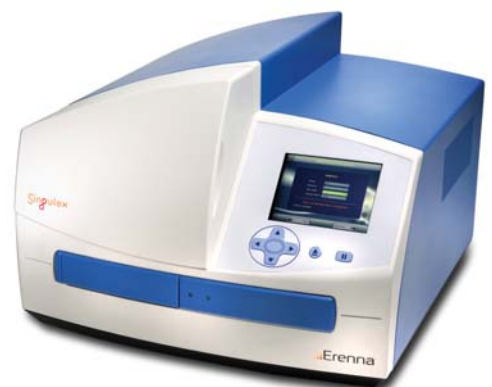
TABLE 1: Analytical sensitivity of the Erenna® cTnI Immunoassay Kit¹

Lower Limit of Detection	0.1 pg/mL
Lower Limit of Quantification ²	0.4 pg/mL
Upper Limit of Quantification	600 pg/mL
Low-end CV% Range	2 - 8%
Low-end CV% Average	5%
Assay Volume	50 µL
Minimum Sample Volume Required ³	20 µL

¹ see product insert for updated values

² LLoQ ≤ 20% CV and ± 20% recovery

³ based upon median [cTnI] in a healthy reference population



Representative data shown for demonstration purposes only. Individual results may vary depending upon samples tested and protocol used.