Process Comparison

20 min   3-4 hour   5 days

Quic Family → Suspected aspergillosis patients → Clinical testing → Colloidal Gold Method

Elisa Family → Suspected aspergillosis patients → Laboratory testing → ELISA

Tradition → Suspected aspergillosis patients → Laboratory testing → Fungal Culture

Hospital Departments

ICU

Respiration

Hematology

Infectious Diseases

Tuberculosis

Transplantation

Dynamiker Biotechnology (Tianjin) Co., Ltd.
Add: No.2 Building, Rongzhi Industry Park, No. 3667, Zhongbin Avenue, Sino-Singapore Eco city, TEDA, Tianjin 300467, China
Tel:+86-22-25264212
Web: www.dynamiker.com

Dynamiker Quic Family
Fast Detection, Better Prognosis

DNK 丹娜生物

QuicIgG™ Aspergillus Lateral Flow Assay
www.dynamiker.com
DNK-1415-1

QuicGM™ Aspergillus Galactomannan Ag Lateral Flow Assay
www.dynamiker.com
DNK-1414-1   50 tests/kit

POCT Diagnostic
Invasive Fungal Disease

ALL-IN-ONE System   *Multiple bio-markers can be detected*

- *(1,3)-β-D-Glucan*
- *Candida (Ag/Ab)*
- *Aspergillus (Ag/Ab)*
- *Cryptococcus (Ag)*

Product Family

- QuicG Fungus (1-3)-β-D-Glucan Lateral Flow Assay
- QuicGM Aspergillus Galactomannan Ag Lateral Flow Assay
- QuicIgG Aspergillus IgG Ab Lateral Flow Assay
- QuicIgE Aspergillus IgE Ab Lateral Flow Assay
- QuicMn Candida Mannan Ag Lateral Flow Assay
- QuicIgG Candida IgG Ab Lateral Flow Assay
- QuicGXM Cryptococcus neoformans Ag Lateral Flow Assay

Product Information

| 01 | Sample type Serum/BALF/CSF | 02 | Specification 50 Tests/Kit | 03 | Storage 2-30℃/2-8℃ | 04 | Shelf Life 18 months |

Operation

1	2	3	4
Process Samples	Add 90-100 μl	20 mins Incubate for 20 minutes	Read Data

Dry Fluorescent Immunoanalyzer FIC-Q100N

- Standard curve built-in
- LIS Connectivity, Data storage
- Semi-quantitative detection
- Auto-identification for item, Auto-printing
- All-in-one instrument:
  ((1,3)-β-D Glucan, Aspergillus spp., Candida spp., Cryptococcus spp....)
- 280*240*130(mm), 2Kg

Aspergillosis Patient Portrait

Invasive Aspergillosis (IA)		
Host Factor	Clinical Symptoms	Iconography
1. Neutropenia 7. Hematological malignancies 2. Allogeneic hematopoietic 8. Graft-versus-host disease stem cell transplantation 9. Use broad-spectrum antibiotic 3.Glucocorticoids use for 10. Solid Organ transplantation over 3 weeks 11. COPD 4. Immunosuppressant Use 12. Severe flu 5. History of IFD 6. AIDS	1. Symptoms of acute pneumonia, which can progress rapidly to respiratory failure 2. Hemoptysis 3. Involvement of organs rich in blood flow (heart, liver, kidney, brain, gastrointestinal, etc.) 4. Fever	1.Halo sign appears from 0-5 days 2.5-10 days, inflammatory lesions appear as solid airspace with visible bronchial inflation signs 3.10-20 days, air crescent appears 4.Complete necrosis cavum in the lung image 5.Nodular

Chronic Pulmonary Aspergillosis (CPA)			
Host Factor	Clinical Symptoms	Iconography	History of Exposure
1.No or low degree immunosuppression patients 2.COPD 3.Tuberculosis 4.Lung cancer 5.Nontuberculous Mycobacterial Infection 6.ABPA 7.Pneumothorax 8.CAP 9.Thoracic Surgery 10.Asthma 11.Bronchiectasis 12.Severe Influenza 13.DM 14.Hormone 15.Advanced Age / Frailty	1.Chronic Cough 2.Breathing Difficulty 3.Chest Discomfort 4.Occasional Haemoptysis	1.Aspergilloma 2. Cavitation, small cavities, increased infiltration around cavities or increased fibrosis; Nodular shadow 3. Severe fibrous structural destruction of lung lobes 4. Progressive consolidation with "abscess formation "	1.Garden pruning, seeding and fertilizing 2.Close proximity to construction or refurbishment sites 3.Painter, furniture worker, cobbler 4.Drowning 5.Fermentation workers 6.Poultry rearing 7.Prolonged exposure to a confined and humid environment

Allergic Bronchopulmonary Aspergillosis (ABPA)		
Host Factor	Clinical Symptoms	Iconography
1. Asthma 2. Cystic fibrosis 3. COPD	1. Acute attack with intractable wheezing, fever, cough, thick or purulent sputum, brownish-yellow sputum clots or blood 2. The chronic phase shows pulmonary fibrosis and bronchiectasis	1. Migratory patchy infiltrative shadow 2. Transient segmental or lobar atelectasis 3. Central bronchiectasis with diffuse hairy glassy alveolitis of allergic exogenous origin interstitial lesions. Chronic phase is fibrotic or with honercornb lung.

Features

Fast	Simple	Accurate	Comprehensive
Result is reported in 20 minitues.	After one-step sample addition, it can be tested in the instrument.	Good performance with high sensitivity and strong specificity.	Coverage of different types of Invasive Fungal Disease.