

The Cholestech LDX® System

Complete Lipid Profile

as recommended by National Cholesterol Education Program guidelines^{1,2}



Are All of Your Patients at Goal?

The latest clinical trials show a benefit of intensifying therapy for primary and secondary prevention of cardiovascular disease (CVD). Yet national surveys consistently show that many patients - especially those most at risk - are not at

their therapeutic lipid goals.³⁻⁵ Many patients

lack awareness of their lipid levels

and adherence remains a treatment challenge.

Point-of-care

lipid testing can

help you get your

patients to goal.

The #1 CLIA-Waived Lipid Testing System



CHOLESTECH 

The Cholestech LDX® System for a Complete Lipid Profile

Tests Performed

Benefits at a Glance

Lipid Profile

Lipid Profile•GLU

ALT•AST

hs-CRP*

- CLIA-waived* - no special training required
- Rapid results (just 5 minutes*) - enables face to face counseling with patients
- Fingerstick sampling - less painful and time consuming
- Reimbursed by Medicare and most private payers
- Small sample size (35µL*) - easy to obtain
- Lab accurate results
- Improved office efficiencies - eliminates costly call backs to labs and patients

Cholestech LDX System: test per the Guidelines¹ in office

- Screen adults every five years
- Test fasting lipid profile: total cholesterol (TC), HDL & LDL cholesterol, and triglycerides (TRG) for risk assessment and lipid management
- Titrate therapy and measure goal achievement for LDL, TRG, and non-HDL
- Test fasting glucose (GLU), HDL, TRG, blood pressure, and waist circumference to identify metabolic syndrome (any 3 or more)
- Demonstrated improvements related to adherence, therapeutic goal achievement, and measures of atherosclerotic burden.⁶⁻⁹

Complementary Test Menu

- Comply with liver enzyme (ALT & AST) testing recommendations for lipid-lowering and other drugs
- hs-CRP for assessing low grade inflammation

Confidence in Results

- LDX System accuracy and reproducibility certified by the CDC's LSP and CRMLN programs** (the lipid testing accuracy standards)
- Used in thousands of physician offices and hospitals nationwide

Product Ordering Information

Cat. No.	Product	CPT Code
10-959	Cholestech LDX System	-
10-991	Lipid Profile•GLU	80061 QW, 82947 QW
10-989	Lipid Profile	80061 QW
12-788	ALT•AST (GPT•GOT)	84460 QW, 84450 QW
12-807	hs-CRP	86141
10-990	TC•HDL•GLU	82465 QW, 83718 QW, 82947 QW
10-987	TC•HDL	82456 QW, 83718 QW
10-988	TC•GLU	82465 QW, 82947 QW
10-986	TC	82465 QW
12-712	Multi-Analyte Control Levels 1 and 2 (1 vial Level 1 & 1 vial Level 2, 2 mL each)	-
12-713	Multi-Analyte Control Levels 1 and 2 (3 vials Level 1 & 3 vials Level 2, 2 mL each)	-
12-918	hs-CRP Control Levels 1 and 2 (1 vial Level 1 & 1 vial Level 2, 3 mL each)	-

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* hs-CRP test is not CLIA-Waived, runs in 7 minutes and uses a 50 µL sample. Reimbursed by Medicare in most states.

** The Lipid Standardization Program (LSP) certifies that laboratories are traceable to the CDC for total & HDL cholesterol and triglycerides; the Cholesterol Reference Method Laboratory Network (CRMLN) certifies manufacturers of clinical diagnostic products that measure total and HDL cholesterol.

1. Executive Summary of The Third Report of The National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). JAMA 2001; 285:2486-97.

2. Grundy SM et al. Implications of recent clinical trials for the National Cholesterol Education Program Adult Treatment Panel III guidelines. Circulation 2004; 110:227-39.

3. Davidson MH et al. Results of the National Cholesterol Education (NCEP) Program Evaluation Project Utilizing Novel E-Technology (NEPTUNE) II survey and implications for treatment under the recent NCEP Writing Group recommendations. Am J Cardiol 2005; 96:556-63.

4. Hyre AD et al. Trends in ATP-III-defined high blood cholesterol prevalence, awareness, treatment and control among U.S. adults. Ann Epidemiol 2007; 17:548-55.

5. Ghandehari H et al. Prevalence and extent of dyslipidemia and recommended lipid levels in US adults with and without cardiovascular comorbidities: the National Health and Nutrition Examination Survey 2003-2004. Am Heart J 2008; 156:112-9.

6. Haskell WL et al. Multifactor cardiovascular disease risk reduction in medically underserved, high-risk patients. Am J Cardiol 2006; 98:1472-9.

7. Howard BV et al. Effect of lower targets for blood pressure and LDL cholesterol on atherosclerosis in diabetes: the SANDS randomized trial. JAMA 2008; 299:1678-89.

8. Blum BM et al. Pharmaceutical care services and results in Project IMPACT: Hyperlipidemia. J Am Pharm Assoc (Wash) 2000; 40:157-65.

9. Tsuyuki RT et al. Effect of community pharmacist intervention on cholesterol levels in patients at high risk of cardiovascular events: the Second Study of Cardiovascular Risk Intervention by Pharmacists (SCRIP-plus). Am J Med 2004; 116:130-3.