



Quantitative fFN Diagnosis

Quantitative tool for predicting premature birth
leading breakthrough in the industry

- >1/2 of pregnant women who have preterm birth were deemed to have no risk factors.
- >2/3 pregnant women with risk factors for preterm birth do not have premature birth.
- Lack of objective assessment indicators for premature birth.

Fetal fibronectin (fFN) is a key indicator to predict the risk of preterm birth.

Fetal Fibronectin (fFN) is an extracellular matrix component of the uterine chorionic villi. It exists between the chorion and decidua. fFN's presence in cervicovaginal secretions is limited, until when the chorion and decidua are separated or when the extracellular matrix at the interface between the chorion and decidua is mechanically damaged or degraded by proteolytic enzymes.

The US FDA approved fFN testing in 1997 for the risk assessment of preterm birth in pregnant women with symptoms of preterm birth and pregnant women with high-risk factors, as well as for routine screening of asymptomatic pregnant women between 22-30 weeks of gestation and pregnant women with symptoms of premature birth between 24-35 weeks of gestation.

Clinical application

- Routine screening at 22-35 weeks of pregnancy to predict the risk of premature birth;
- Analysis of probability of premature birth for those who have symptoms of premature birth between 22 and 35 weeks of pregnancy;
- Determine the time of labor and help choose the mode of delivery, for full-term pregnant women;
- Assist in judging drug induction timing and choosing the mode of delivery in postterm pregnancy.

Product Advantages



Precision

- Advanced diagnostic methodologies for precision results with small CV
- Sound repeatability for quality assurance



Quality

- Quantitative objective diagnostic results



Efficiency

- Short testing time
- Easy operations with little human interference

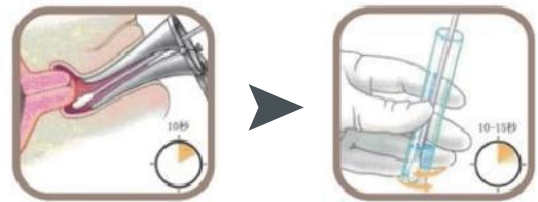
Product Information

Product	Linear range	Detection time	Sample type	Specifiaction	Analyzer
Fetal Fibronectin test (Up-converting Phosphor Technology)	100~2000ng/ml	10min	vaginal discharge	20T/kit, 40T/kit	UPT2800

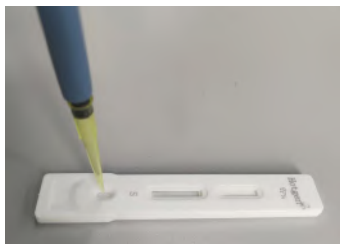
Specimen Collection

Place a sterile swab in the posterior vaginal fornix below the cervical opening and dip it into the cervical secretions for 10-15 seconds to ensure that the swab fully absorbs the secretions.

Take out the swab and put the swab head into the test tube containing diluent. The swab head should be immersed in the diluent and rolled on the inner wall of the test tube for 10-15 seconds or shake the test tube for 10-15 seconds, to ensure that as much specimen is dissolve in the diluent as possible. Then remove the swab and discard it properly.



Testing Processes



Add sample



Detection



Print results