



2.0 mg/mmol

5.5 mg/mmol

3.5 mg/mmol

2.5 mg/mmol

Make Every Minute Count AFINION™ **ACR**

Identify kidney disease early in your diabetic and hypertensive patients with highly accurate point-of-care results for albumin, creatinine and albumin-creatinine ratio (ACR).



**INCREASED
ACCURACY BY
MEASURING
CREATININE**



**HIGHLY
ACCURATE
RESULTS IN
5 MINUTES**



**RANDOM/
SPOT URINE
SAMPLE**

- ✓ **QUANTITATIVE RESULTS**
- ✓ **NO SAMPLE PREPARATION**
- ✓ **NO MANUAL CALIBRATION REQUIRED**
- ✓ **QUALITY CONTROL AND OPERATOR LOCKOUT**

AFINION™ ACR TEST CARTRIDGE

AFINION™ ACR

CHRONIC KIDNEY DISEASE

Chronic kidney disease (CKD) is a major and growing health burden. One in three Europeans is at an increased risk of developing CKD. As many as one in 10 already has impaired kidney function severe enough to affect their health status.¹

Kidney disease is one of the most serious complications of diabetes. The earliest sign is increased excretion of albumin in urine (albuminuria).² The Afinion™ ACR is a point-of-care test for the quantitative determination of albumin, creatinine and ACR in human urine during the patient's consultation.

DIABETES AND CARDIOVASCULAR DISEASE

In all patients with diabetes, cardiovascular risk factors should be assessed at least annually. These risk factors include dyslipidemia, hypertension, smoking, a family history of premature coronary disease and the presence of albuminuria.³ Testing ACR and lipid panel therefore plays a vital part in diabetes management.

IDF AND ADA TESTING RECOMMENDATIONS^{2,3}

The International Diabetes Federation (IDF) and the American Diabetes Association (ADA) recommend performing an annual test to assess urine albumin excretion. An ACR test is preferred.

- Type 1 patients with diabetes duration of ≥ 5 years
- In all patients with type 2 diabetes regardless of treatment

Patients with urinary albumin > 3 mg/mmol creatinine should be monitored twice annually to guide therapy.

In Australia, a urinary ACR should be requested when a person is first diagnosed with diabetes to establish a baseline level. After that, testing once per year is usual, with testing done more frequently when significant levels of albumin have been detected.⁴

In New Zealand, it is recommended that people living with diabetes have annual screening for microalbuminuria using ACR measurement. More frequent monitoring of renal status is indicated for Māori, Pacific Island and South Asian peoples.⁵

REFERENCE RANGE⁶

CATEGORY	SPOT COLLECTION ACR	
	mg/mmol	
	MALE	FEMALE
NORMAL	< 2.5	< 3.5
MICROALBUMINURIA	2.5–25	3.5–35
MACROALBUMINURIA	> 25	> 35

PRODUCT NAME	PRODUCT CODE
AFINION™ HbA1c	1116795
AFINION™ ACR	1116781
AFINION™ 2 ANALYZER	1116770
AFINION™ CRP	1116787
AFINION™ LIPID PANEL	1116801

CONTACT US TODAY FOR MORE INFORMATION. TO ARRANGE A DEMONSTRATION, VISIT GLOBALPOINTOFCARE.ABBOTT

T: 1800 622 642 (free call AU) | T: 0800 466 951 (free call NZ) | T: +61 7 3363 7100 | rapiddx.ANZ.enquiries@abbott.com

1. European Kidney Health Alliance. Recommendations for Sustainable Kidney Care. August 2015. <http://ekha.eu/wp-content/uploads/2016/01/EKHA-Recs-for-Sustainable-Kidney-Care-25.08.2015.pdf>. Accessed October 20, 2016.
2. American Diabetes Association. *Diabetes Care*. 2020;43(Suppl. 1):S135–S151.
3. IDF Clinical Practice Recommendations for managing Type 2 Diabetes in Primary Care - 2017. ISBN: 978-2-930229-85-0.
4. Lab Tests Online AU. <https://www.labtestsonline.org.au/>.
5. New Zealand Guidelines Group. *New Zealand Primary Care Handbook 2012*. 3rd ed. Wellington: New Zealand Guidelines Group; 2012.
6. The Royal Australian College of General Practitioners. *Management of type 2 diabetes: A handbook for general practice*. East Melbourne, Vic: RACGP, 2020.

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3-STEP PROCEDURE

- 1 Collect the sample with the integrated sampling device.



- 2 Place the sampling device back in the test cartridge.



- 3 Place the test cartridge in the analyzer and close the lid. The processing starts automatically.

