B·R·A·H·M·S Copeptin proAVP in your endocrine clinical practice

Arginine Vasopressin (AVP/ADH) is a well-known hormone but due to technical limitations it is difficult to measure in routine. With its stable surrogate copeptin (C-Terminal end of AVP precursor) you can now overcome the limitation of vasopressin measurement.1

“Quantification of AVP can be difficult, but copeptin is stable in plasma and can be easily measured with a sandwich immunoassay.”
Christ-Crain M, Nature Reviews Endocrinology (2016)2

→ Copeptin shows superiority as a diagnostic tool for diabetes insipidus

“The direct measurement of hypertonic saline–stimulated plasma copeptin had greater diagnostic accuracy than the water-deprivation test in patients with hypotonic polyuria.”

Advantages of the B·R·A·H·M·S™ Copeptin proAVP KRYPTOR™:

✓ Stable: at room temperature for seven days3
✓ Reliable: correlates better with serum osmolality than vasopressin itself5,6,7
✓ Quick: results available in less than 30 minutes
✓ Convenient: reduces the burden of the water deprivation test for patients2
✓ Easy to measure: with the automated B·R·A·H·M·S™ KRYPTOR™ instrument
✓ Precise: sandwich immunoassay using Nobel Prize winning TRACE technology

→ No dependency on time of the day for its measurement in clinical routine4

B·R·A·H·M·S Copeptin proAVP reference values in relation to plasma osmolality5,6,7

<table>
<thead>
<tr>
<th>Plasma osmolality [mmol/kg]</th>
<th>B·R·A·H·M·S Copeptin proAVP [pmol/L]</th>
</tr>
</thead>
<tbody>
<tr>
<td>270 - 280</td>
<td>0.81 - 11.6</td>
</tr>
<tr>
<td>281 - 285</td>
<td>1.0 - 13.7</td>
</tr>
<tr>
<td>286 - 290</td>
<td>1.5 - 15.3</td>
</tr>
<tr>
<td>291 - 295</td>
<td>2.3 - 24.5</td>
</tr>
<tr>
<td>296 - 300</td>
<td>2.4 - 28.2</td>
</tr>
</tbody>
</table>
Copeptin – the better vasopressin
For the differential diagnosis of polyuria-polydipsia syndrome

- polyuria-polydipsia syndrome (suspected diabetes insipidus)
- excessive fluid intake and excessive urine volume
- urine osmolality low, serum osmolality high


* CDI (Central Diabetes Insipidus), Nephrogenic DI (Nephrogenic Diabetes Insipidus)

Sources:
1. Fenske W, 2018; 103(2): 505-513
3. Morgenthaler NG, 2006; 52(1): 112-9
4. Beglinger S, 2017; 4737082
7. Szinnai G, 2007; 92(10): 3973-8

Thermo Fisher Scientific · B·R·A·H·M·S GmbH · Neuendorfstr. 25
16761 Hennigsdorf/Germany · info.copeptin@thermofisher.com

Find out more at thermoscientific.com/copeptin

Product is CE marked but not 510(k)-cleared and not [yet] available for sale in the U.S. Availability of product in each country depends on local regulatory marketing authorization status.

© 2019 Thermo Fisher Scientific Inc. All rights reserved.
All trademarks are the property of Thermo Fisher Scientific and its subsidiaries unless otherwise specified. KRYPTOR and TRACE are trade marks of Cisbio Bioassays, licensed for use by B·R·A·H·M·S GmbH, a part of Thermo Fisher Scientific.