Atellica VTLi Patient-side Immunoassay Analyzer

A vital leap forward in cardiac testing

Speed meets accuracy where it matters most—the wait is over for hs-cTnI at the point of care

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When patients present to the emergency department (ED) with signs and symptoms that may indicate myocardial infarction (MI), every minute waiting on test results comes at a cost. Patients and their families are anxious, and clinicians and laboratory professionals are pressured to identify the problem quickly and accurately. But what if ED staff had access to high-sensitivity troponin right at the point of care? Having true, high-sensitivity troponin testing available at the point of care can help transform the assessment process for patients where there is a suspicion of MI, providing results you can trust in just 8 minutes—all from a fingerstick. The Atellica® VTLi analyzer, powered by Magnotech® Technology, will help transform your chest pain assessment process and can enable earlier disposition decisions for patients.

- True high-sensitivity troponin testing available at the point of care
- Lab equivalent test results in just 8 minutes with a fingerstick sample

Streamline chest pain patient pathway

Scan patient

Draw sample

Inject sample

Send result

Wireless reporting

Deliver therapy

Point of Care Ecosystem™ Enabled

SIEMENS Healthineers

Robust and user friendly technology

- Evidence-based, accurate performance fulfilling the IFCC recommendations
- Easy and intuitive user interface
- CE-marked for use with a fingerstick sample, venous whole blood and plasma
- Integrated security checks
- No manual calibration
- Integrated barcode scanner for easily registration of user and patient ID

Specifications

Time to result: 8 minutes
Sample types:
Whole blood – venous lithium heparin
Capillary samples
Plasma – venous lithium heparin
Sample volume: 30–100 µL
Measurement range: LoD–1,250 ng/L
LoD: 1.6 ng/L (whole blood)

Reagent cartridges

Single wrapped, single use
Storage: 2–8° C
Shelf life: 7 months
Cartridges per box: 24
Calibration: No manual calibration required
External interface: POCT-1A
WI-FI: 2.4 GHz

The Atellica VTLi Analyzer using the Atellica VTLi hs-cTnI Reagent Cartridge has been shown to provide **robust sensitivity, specificity, and negative predictive values** when compared to clinically adjudicated diagnosis of MI.

Population	99th URL (ng/L)	Timepoint	Subjects		Sensitivity (95% CI)	Specificity (95% CI)	PPV (95% CI)	NPV (95% CI)
			Non-MI	MI				
Overall	22.9	Baseline	998	91	64.8% (54.6–73.9%)	85.7% (83.4–87.7%)	29.2% (25.0–33.8%)	96.4% (95.3–97.2%)
–	–	2 hours	998	91	81.3% (72.1–88.0%)	84.6% (82.2–86.7%)	32.5% (28.7–36.4%)	98.0% (97.0–98.7%)
Male	27.1	Baseline	615	56	67.9% (54.8–78.6%)	86.2% (83.2–88.7%)	30.9% (25.5–36.9%)	96.7% (95.3–97.7%)
–	–	2 hours	615	56	80.4% (68.2–88.7%)	84.7% (81.7–87.3%)	32.4% (27.6–37.5%)	97.9% (96.5–98.8%)
Female	18.5	Baseline	383	35	65.7% (49.2–79.2%)	85.4% (81.5–88.6%)	29.1% (22.6–36.6%)	96.5% (94.5–97.7%)
–	–	2 hours	383	35	82.9% (67.3–91.9%)	84.3% (80.4–87.6%)	32.6% (26.8–38.9%)	98.2% (96.3–99.1%)

Diagnostic accuracy was evaluated in a prospective study of whole blood from serial sampling of 1089 patients tested with the Atellica VTLi system. Samples were collected in a single-center study from patients 21 years or older who presented to the hospital emergency department with symptoms suggestive of MI, such as chest discomfort. Using the Fourth Universal Definition of Myocardial Infarction, an independent panel of two physicians, blinded to the results of the Atellica VTLi system, determined that 91 of these patients suffered from MI (8.4% prevalence). The resulting values are shown based on the 99th percentile URL cutoff.

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