



# HEMOSURE<sup>®</sup> iFOB TEST

-Immunochemical Fecal Occult Blood Test (FIT)



Product Numbers	T1-CK30	T1-CK10	PRE-PACK iFOB20	DUO-iFOB 20 *	T1-CK30T	T1-CK50
Test Cassettes	30	10	20	20	30	50
Collection Tubes	50	10	● (Packed in Mailer)	● (Packed in Mailer)	30	50
Mailers	50	10	20 (1 tubes per mailer)	DUO-CM10 10 (2 tubes per mailer)	●	●

\* DUO Package recommended for two (2) consecutive samples.

Test cassettes, collection tubes and home kit mailers can be purchased separately. For more information contact customer service.

### Items Sold Separately:

T1-CT30 - Tests Cassettes 30/box
T1-CT50 - Tests Cassettes 50/box
T1-TB50 - Collection Tubes 50/box
T1-CM50 - Home Kit Mailer 50/box
DUO-CM10 - Home Kit Mailer 10/box (2 collection tubes, pre-packed in each mailer)
Prepack-CM25 - Home Kit Mailer 25/box (1 collection tube, pre-packed in each mailer)

### Controls:

T1-TC01 - Negative/Positive 5ml each
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## To Order



6658 Youree Dr Ste 180 PMB 404  
Shreveport, La 71105  
www.americanscreeningcorp.com  
Sales@americanscreeningcorp.com  
Toll Free: 1-866-526-2873  
Ph: 318-798-3306 Fax: 318-798-3386



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## Clinically and Financially the right choice for Colorectal Cancer Screening

*"The ACG supports the joint guideline recommendation that older guaiac-based fecal occult blood tests be abandoned as a method for CRC screening... the ACG recommends the FIT as the preferred cancer detection test."*

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## Summary & Comparison

	HEMOSURE <sup>®</sup> FDA CLEARED & CLIA WAIVED	Traditional GUAIAIC TEST
<b>Test Method</b>	Immunoassay Test	Chemical Test
<b>Interpretation</b>	Clear accurate reading comparable to Pregnancy test	Blue color, often difficult to interpret
<b>Lower GI Specificity</b>	> 96%. Highly specific for human hemoglobin	Poor. False positive from food and medicines
<b>Overall Sensitivity</b>	> 87%. Detects as low as 0.05ugHB/ml. Human hemoglobin specific	50%. Detects 90 ugHB/ml. or higher of nonspecific hemoglobin
<b>Accuracy</b>	>97%	<86%
<b>Dietary or Drug Restrictions or Preparations</b>	NONE	YES. Several days.
<b>Samples Required</b>	ONE required	THREE required
<b>Reimbursement</b>	Diagnostic code 82274QW: <b>\$22.22</b> Screening code G0328QW:	Diagnostic code 82270: <b>\$4.54</b> Screening code G0394: