



pHem-Alert® Vaginal pH Testing

- Key test in every vaginal exam
- Convenient, instant, accurate reading

Color Change Could be Associated with the Following Conditions

Sunflower Yellow	Dark Yellow	Olive Yellow	Olive Green	Olive Blue	Navy Blue	Midnight Blue
<ul style="list-style-type: none"> • Normal pH • Predominant lactobacilli • Possible yeast overgrowth • Normal serum estradiol 	<ul style="list-style-type: none"> • Low grade bacterial vaginitis • Borderline serum estradiol 	<ul style="list-style-type: none"> • Bacterial vaginitis • Low serum estradiol 	<ul style="list-style-type: none"> • Bacterial vaginitis • Low serum estradiol 	<ul style="list-style-type: none"> • Bacterial vaginitis • Very low serum estradiol 	<ul style="list-style-type: none"> • Low to no serum estradiol 	<ul style="list-style-type: none"> • Low to no serum estradiol
Urine: pH 6.0–7.0			Olive–Navy Blue		Amniotic Fluid: pH 7.0–7.5	



- Each test securely packed in a procedure blister tray
- Convenient, unique, patented applicator “key” with attached pH paper
- Easy-to-read pH chart included with every test set
- Inexpensive at \$3 each
- Excellent PROFITABLE reimbursement profile (CPT codes: 83986 and 83986QW)
- Easy to test for BV, STDs, PID, PROM in pregnancy
- Easy to test for estrogen deficiency in menopause, many types of vaginal and pelvic infections
- 25% the cost and far more comprehensive than the competition
- CLIA waived

Updating Amsel’s Criteria for BV Diagnosis

Recent findings by Gutman et al¹ demonstrate that two positive criteria, vaginal pH and amines, yield high sensitivity and specificity in diagnosing bacterial vaginosis.

Results: The prevalence of bacterial vaginosis in our study population was 38.7%. Vaginal pH was the most sensitive of all the criteria, at 89%, and a positive amine odor was the individual criteria with the highest specificity at 93%. Similar specificity was seen with combinations of two criteria and Amsel’s criteria. Receiver operating characteristic curve analysis yielded a preferred pH and percentage of clue cells of 5.0 and 20%, respectively. However, a pH of 4.5 or greater improves sensitivity with minimal loss of specificity.

Conclusion: The clinical criteria for diagnosing bacterial vaginosis can be simplified to 2 clinical criteria without loss of sensitivity and specificity.”

A complete bibliography of recent papers on the role of vaginal pH in diagnosis of BV, menopausal status and self-monitoring of vaginal health is available from GYNEX.

¹Obstet Gynecol 2005; 105: 551–6. © 2005 by the American College of Obstetricians and Gynecologists.



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