

Hotgen 

**FOR DEVELOPMENT OF
BIOTECHNOLOGY,
FOR BETTER HUMAN HEALTH**



UPT-2800

UP-CONVERTING PHOSPHOR IMMUNOASSAY ANALYZER
Your Point-of-Care Testing Solution



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Features



ACCURATE

- High sensitivity, no background interference

QUICK

- Throughput up to 180T/H, reading results in 20 seconds.

RELIABLE

- Stable luminescence, no decay
- Multiple quality control, reliable accuracy.

QUANTITATIVE

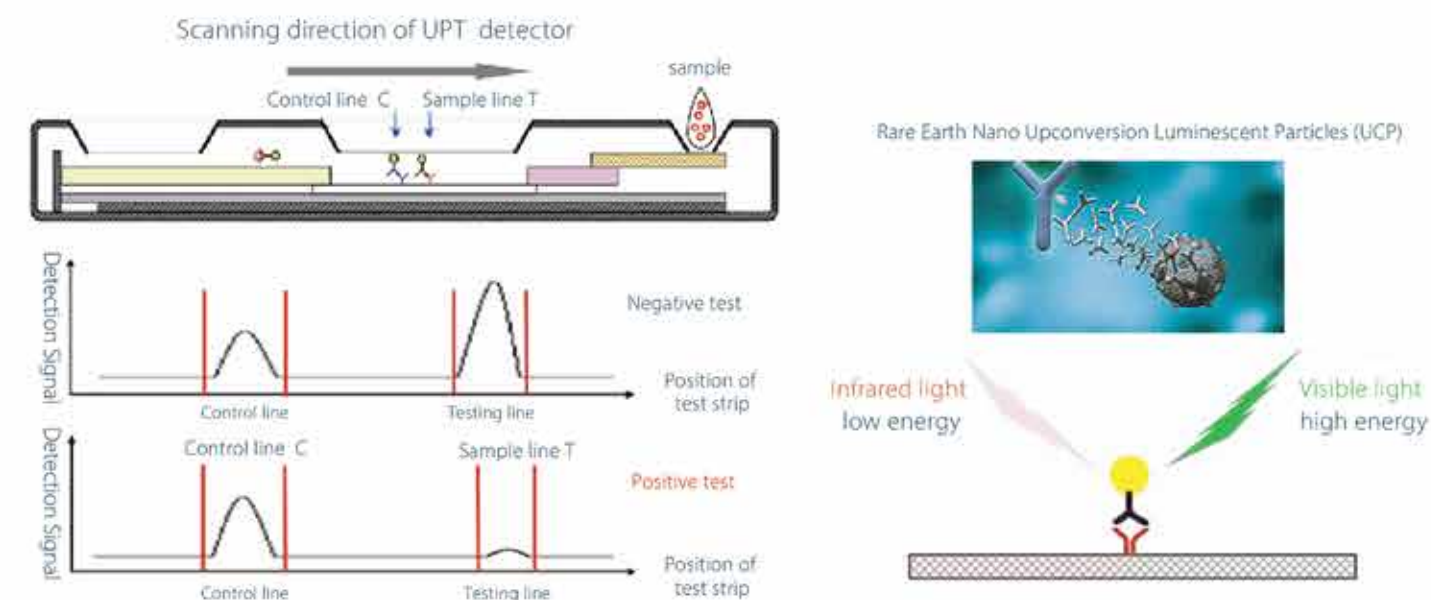
- Diverse specimens, small CV value variation between whole blood and serum test results.

COVENIENT

- Portable size, easy to operate
- Storage in room temprature, cold-chain free.

Technical Principle

Up Converting Phosphor Technology (UPT) is based on immunochromatographic technology using rare earth nano upconversion luminescent particles (UCP particles) as biological tracers. After being excited by low-energy invisible infrared luminescence, the UPT luminescent particles emit high emission. The visible light of energy realizes the energy upturn. The instrument combines the microscopic immune response with the precision instrument through the conversion of the optical signal, so that the qualitative and quantitative detection of the test object can be carried out quickly.



Test Procedure



Application



HOSPITAL



LABORATORY



CLINICS



EMERGENCY ROOM



ICU



AMBULANCE



CLINICAL DEPTS

Technical Parameters

Assay Method	Up-converting phosphor technology-based lateral flow assay
Result	Quantitative
Language	English/German
Display	8 inch touch screen
Detection speed	Getting results in 20 seconds.
Printer	Internal thermal printer
Storage memory	10,000 test results
Power supply	AC 100-240V, 50 ~ 60Hz
Working environment:	Temperature: 10 C ~ 30 C; Humidity: ≤85%; Atmospheric pressure: 86 kPa ~ 106kPa
Transportation and storage environment	Temperature: -40 C ~ +55 C; Humidity: ≤85%; Atmospheric pressure: 86 kPa ~ 106 kPa
Dimension	355mm×315mm×270mm (L*W*H)
Weight	5.6Kg
Data management	LIS/HIS connection

Category	Test item	SpecimenType	Specimen Volume	Incubation	Linearity	Clinical Reference
Cardiac	cTnI	S/P/WB	S/P:100μL	15min	0.1~40ng/ml	<0.5ng/mL
	CK-MB	S/P	WB:120μL	15min	1~80ng/ml	<4.99 ng/mL
	MYO	S/P	100 μ L	15min	5~500ng/ml	<48.8ng/mL
	H-FABP	S/P	100 μ L	15min	1~100ng/ml	<7ng/mL
	NT-proBNP	S/P	100 μ L	15min	5~3500pg/ml	Age ≤ 75, < 450pg/mL; Age > 75, < 900pg/mL
	cTnT	S/P/WB	100 μ L	15min	50~10000ng/L	< 100ng/L
	Lp-PLA2	P	120 μ L	15min	5~800ng/mL	< 175ng/mL
Inflammation	PCT	S/P/WB	100 μ L	20min	0.02ng/mL-50ng/mL	<0.49ng/mL
	CRP	S/P/WB	WB:120 μ L S/P:10μL	3min	0.5~150mg/L	For evaluation of infection Normal CRP <8mg/L For risk stratification of cardiovascular disease Low risk: <1.0mg/L Medium risk: 1.0-3.0mg/L High risk: >3.0mg/L
	SAA	S/P/WB		3min	5~150mg/L	
	CRP+SAA	S/P/WB	WB:7.5μL S/P:10μL	3min	CRP: 0.5~150mg/L SAA: 5~150mg/L	
	IL-6	S	100 μ L	15min	3~4000pg/ml	<7pg/mL
	fFN	Cervicovaginal secretions	/	20min	10~2000ng/mL	<50ng/mL
	AFP	S/P	40 μ L	15min	5~1000ng/ml	< 20 ng/mL
Liver Diseases	GP73	S/P	100 μ L	15min	20~500ng/mL	< 150ng/mL
						Male:1.45-14.60 ng/mL; Female: 20-24 yrs old 1.00-14.60 ng/mL; 25-29 yrs old 0.50-13.21 ng/mL; 30-34 yrs old <11.20 ng/mL; 35-39 yrs old <9.56 ng/mL; 40-44 yrs old <7.48 ng/mL; 45-50 yrs old <3.94 ng/mL; PCOS female: 2.41-18.90 ng/mL;
Fertility	AMH	S	100 μ L	15min	0.1~16ng/ml	
Coagulation	D-Dimer	P	100 μ L		50~2000ng/ml	< 500ng/mL
Rheumatoid Arthritis	Anti-CCP	S	20 μ L	15min	25~1600RU/ml	< 25 RU/mL
Renal Injury	NGAL	S	40 μ L	15min	10~1000ng/ml	<145ng/mL
Liver Function	Clv	S/P	40 μ L	15min	5~1000ng/ml	< 140ng/mL
	LN	S/P	40 μ L	60min	5~1000ng/ml	< 140ng/mL
	HA	S/P	60 μ L	60min	5~1000ng/ml	< 100ng/mL
	PIIINP	S/P	40 μ L	60min	5~1000ng/ml	< 120ng/mL
COVID-19	2019-nCoV Antigen	Nasal or throat swab	/	60min	Qualitative	Negative
	2019-nCoV	S/P/WB	/	15min	Qualitative	Negative
	Neutralizing Antibodies			15min		
Drug Abuse	Ketamine	Hair	100 μ L	3min	Qualitative	Negative
	Methamphetamine	Hair	100 μ L		Qualitative	Negative
	Morphine	Hair	100 μ L	3min	Qualitative	Negative



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