

Devyser FH NGS

Devyser FH allows clinicians to diagnose and cascade screen monogenic and polygenic FH quickly, while getting a quick prediction on the efficiency of specific statin response.

"No other product offers the level of clinical accuracy that we require."

Dr Kristina Duvefelt, Karolinska University Hospital, Stockholm, Sweden

Comprehensive gene panel for familial hypercholesterolemia (FH)

Single-tube NGS method to analyse all genes relevant to the diagnosis of familial hypercholesterolemia (LDLR, APOB, PCSK9, APOE, STAP1 and LDLRAP1).

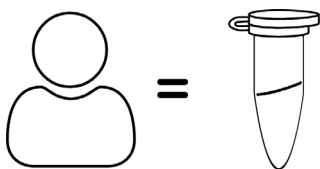
Identify 12 SNPs in polygenic FH & the 6 SNPs to predict statin response

Identify SNPs involved in diagnosing FH to predict the efficiency of specific statin responses and enable clinicians to provide the best standard of care quickly.

Single-tube workflow for fast results

From DNA to sequencing in less than 5 hours with less than 45 min hands-on time.

Simple NGS workflow



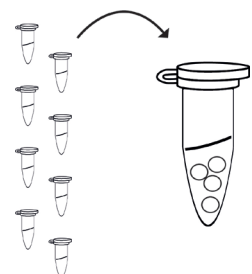
Target amplification

Single-tube library protocol reduces the risk for sample mix up and contamination and minimizes the hands-on time



Sample indexing

All indexes are delivered pre-dispensed in strip or plate format to minimize the hands-on time and reduce the risk for sample mix up or contamination.



Library cleanup

All patient samples are pooled to a single tube before clean-up, again reducing the hands-on time and simplifying the workflow.

Easy identification of additional SNPs

12 SNPs for polygenic FH identification

SNP ID	Gene
rs629301	CELSR2
rs1564348	SLC22A1
rs1800562	HFE
rs2479409	PCSK9
rs3757354	MYLIP
rs4299376	ABCG8
rs6511720	LDLR
rs8017377	NYNRIN
rs11220462	ST3GAL4
rs1367117	APOB
rs7412	APOE
rs429358	APOE

6 SNPs for statin response prediction

SNP ID	Gene
rs7412	APOE
rs429358	APOE
rs646776	CELSR2
rs4149056	SLCO1B1
rs3798220	LPA

Discover our Expert Review: Familial hypercholesterolemia: Genetic diagnosis and cascade testing using NGS

At present, FH is greatly underdiagnosed, and most cases are not discovered until the affected individual suffers his or her first cardiovascular event. Even then, the patient's hypercholesterolemia may not arouse the suspicion of FH. Since the most effective way to find patients with FH is by performing "cascade screening" within the family after a proband is diagnosed, this unnoticed association has severe consequences.

This paper introduces the clinical diagnosis, indicators and symptoms, and treatment of FH, before examining the background and current status of genetic testing for FH, and new best practices enabled by NGS.

Expert Review 06

Familial Hypercholesterolemia: Genetic diagnosis and cascade testing using NGS

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