How are you collecting for Influenza & RSV?

Nasopharyngeal Aspiration is the Gold Standard for specimen collection

Introducing NPAK™ a new nasopharyngeal aspiration kit, superior to swabs and traditional aspiration specimen collection methods.

FAST & EASY TO USE
1. Attach catheter to pre-filled syringe or bulb
2. Slide catheter to age marking and aspirate
3. Remove catheter, cap and send to the lab

N-Pak Nasopharyngeal Aspiration Kit Provides:
- All-in-one kit
- Less patient discomfort
- Highest sensitivities
- Lower cost of care

NPAK™ NASOPHARYNGEAL ASPIRATION KIT

For more information or to place an order, visit: www.n-pak.com
SUPERIOR SENSITIVITIES COMPARED TO OTHER COLLECTION METHODS

Nasopharyngeal (NP) aspiration consistently provides superior sensitivities when testing for viral and bacterial pathogens such as RSV (Respiratory Syncytial Virus), Influenza and Pertussis (whooping cough). NPak™ also provides:

- A convenient kit with all components necessary to perform the aspiration
- An easy way to perform NP aspirations without wall suction or a mucus trap
- A kit that can be taken anywhere to perform the procedure
- A flexible, anatomically designed and calibrated catheter
- Much less patient apprehension and discomfort

The convenient kit is being used by health care professionals who are saving time and providing better patient outcomes with NPak™.

INFLUENZA
Sensitivity by standard culture

<table>
<thead>
<tr>
<th>Nasopharyngeal aspiration</th>
<th>Throat Swab</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>47%</td>
</tr>
</tbody>
</table>

RSV
Sensitivity of antigen detection

<table>
<thead>
<tr>
<th>Nasopharyngeal aspiration</th>
<th>Nasopharyngeal swab</th>
</tr>
</thead>
<tbody>
<tr>
<td>98% (Denmark)</td>
<td>63% (Guinea-Bissau)</td>
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</tbody>
</table>

PERTUSSIS
Sensitivity by Dot blot assay

<table>
<thead>
<tr>
<th>Nasopharyngeal aspiration</th>
<th>Nasopharyngeal swab</th>
<th>Nasopharyngeal wash</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>75%</td>
<td>47%</td>
</tr>
</tbody>
</table>

PROEDURE

1. Patient should lie on their back with neck extended. Neck extension is important as this allows pooling of the aspirate in the nasopharynx.

2. The catheter is lubricated generously with the supplied lubricant (optional).

3. An appropriate volume of saline is retained or expelled in the syringe according to age.

4. Patient is instructed to hold their breath for a few seconds, and the catheter is advanced to the appropriate age depth marking or until resistance is met abutting the nasopharynx.

5. The syringe plunger is quickly pushed and pulled. The aspirate sample is adequate if between 0.5-1cc is collected of the volume instilled.

6. The catheter tip is then detached and the Luer-Lock cap is tightly secured. The aspirate specimen can then be transported to the lab in the capped syringe.

LESS EFFECTIVE PROCEDURES:

SWABS:
- Lower Sensitivities
- More Discomfort
- No Age Calibration

WASHES:
- Lower Sensitivities
- More Discomfort
- Choking and Coughing

MUCUS TRAPS:
- Requires Wall Suction
- Labor Intensive
- Expensive