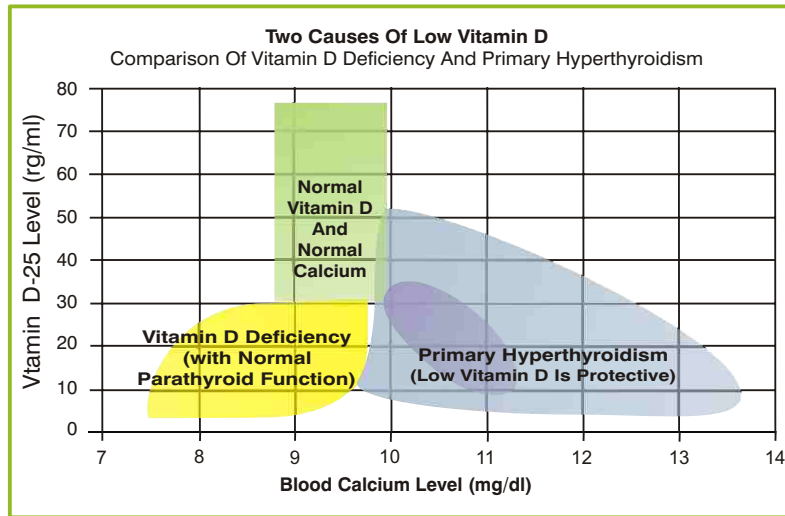


Other Clinical Dimensions

Primary Hyperparathyroidism (PHPT)



- 84% of all patients with PHPT (due to tumor / adenoma) will have LOW vitamin D levels
- In a clinical setting of low vitamin D & high PTH, **reflex testing of ionized calcium helps rule out PHPT**
- High calcium along with low vitamin D & high PTH is suggestive of parathyroid tumor

Metabolic Syndrome

Monitor Risk For Metabolic Syndrome²

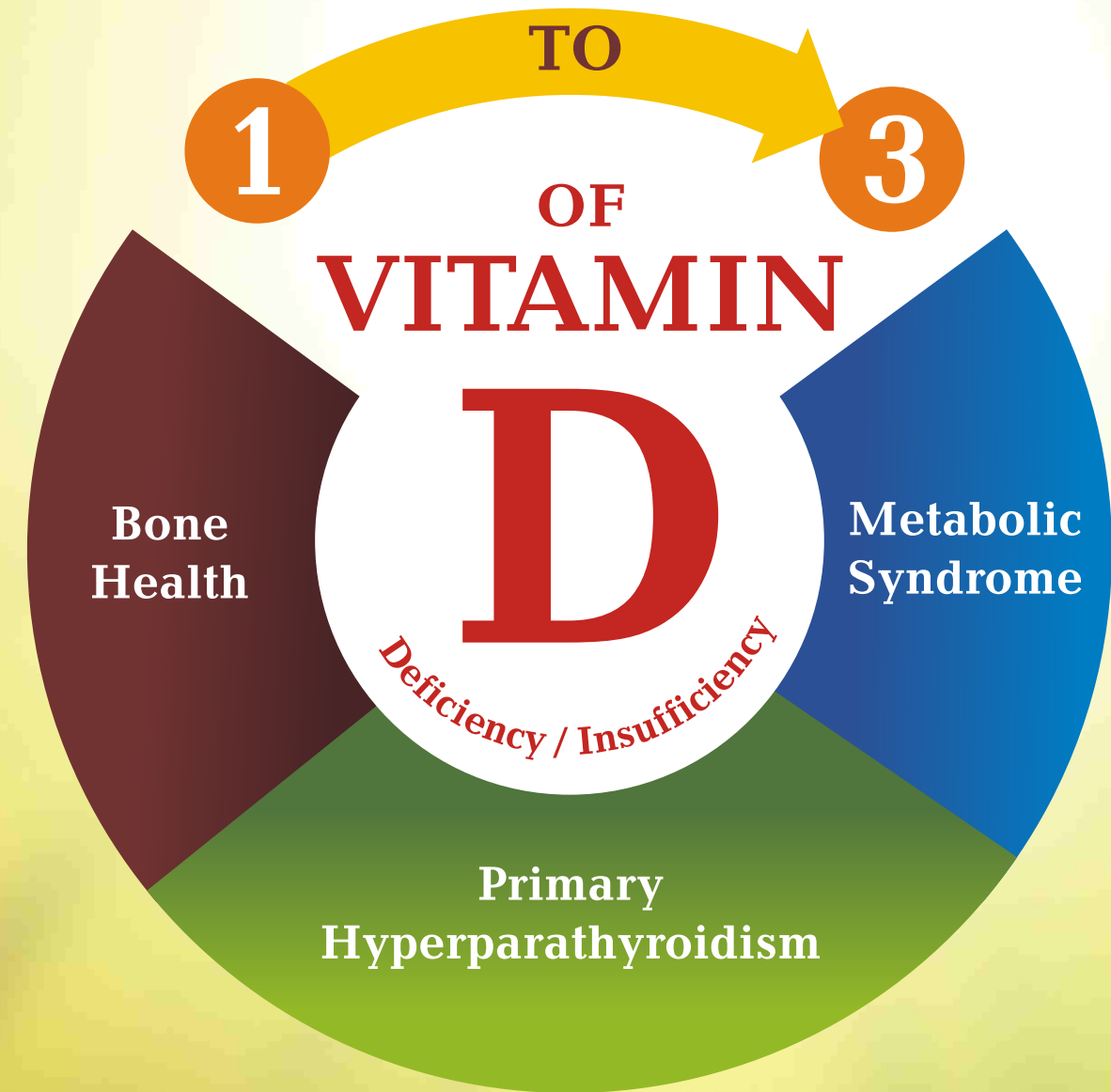
- Vitamin D deficiency and elevated PTH are independent risk factors for Metabolic Syndrome, which leads to increased risk of diabetes and cardiovascular disease
- Low vitamin D & high PTH should prompt testing for dyslipidemia, insulin resistance etc to monitor risk for metabolic syndrome

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(2. Hjelmseth J et al. Cardiovascular Diabetology, 2009, 8:7)

Testing of vitamin D alone is not sufficient

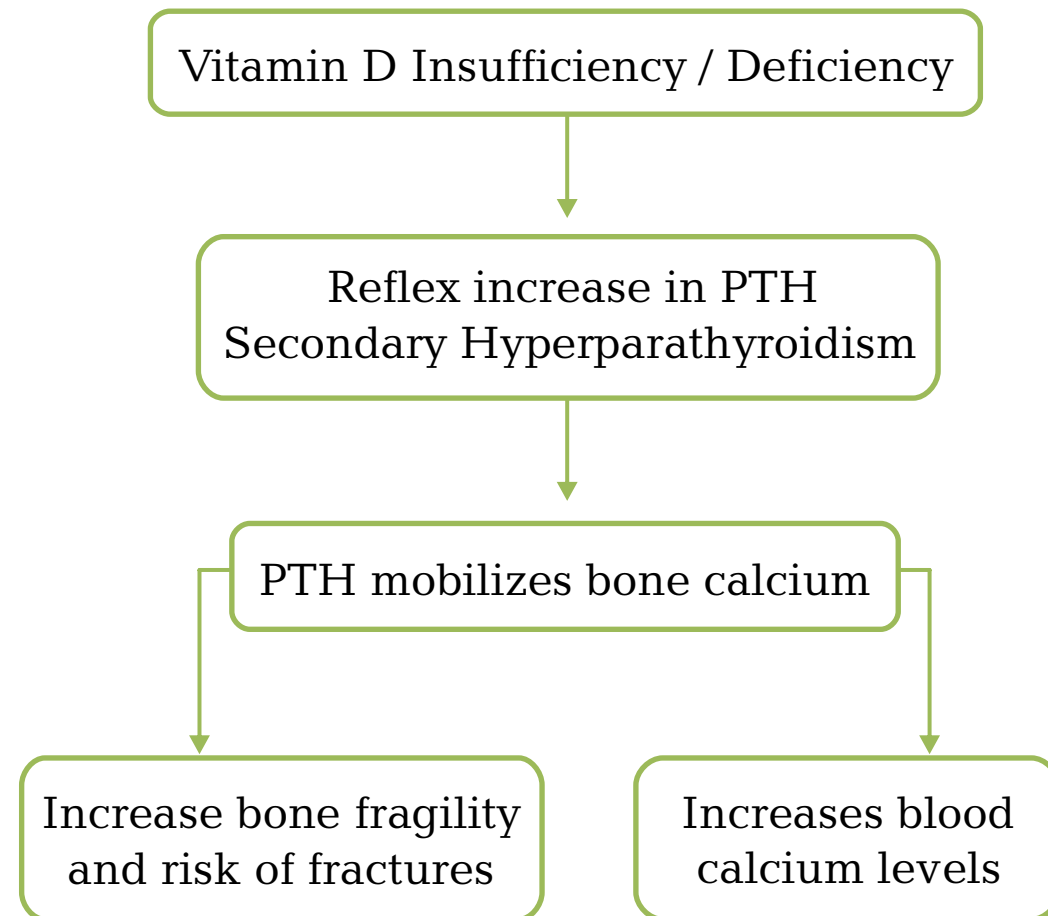
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PTH helps in Assessment of Bone Health in Vitamin D Insufficiency / Deficiency



Bone Health

Published Reference - Journal of Clinical Endocrinology and Metabolism - US¹

Serum 25(OH)D levels (ng/ml)	% patients with hyperPTH
25 - 29	15%
20 - 24	22%
15 - 19	30%
10 - 14	40%
0 - 9	75%

Secondary hyperparathyroidism is commonly the result of compensatory oversecretion of PTH in response to vitamin D deficiency

- The relationship of vitamin D to PTH in any individual is the result of a complex interplay of factors including age, sex, genetics, renal function, mobility level, calcium intake, and phosphate and magnesium status¹

Elevated PTH is an indicator of increased bone fragility

- Simultaneous measurement of PTH & vitamin D helps achieve therapeutic goal of normalization of vitamin D & PTH levels, thus ensuring optimal bone health without the risk of having vitamin D toxicity

(1. Holick M et al. J Clin Endocrinol Metab, April 2012, 97(4):1153 - 1158)