呈晖医疗
CHENGHUI MEDICAL

9 Respiratory Tract Pathogen Nucleic Acid Test Kit (Fluorescent PCR-Chip Method)

Sample-to-Answer 9 Respiratory Pathogen Panel | Results in 40 Minutes

Powered by Chenghui Flex-Disc (CH-0104) Fully Automated Molecular POCT Platform



CE IVD

Detection Targets List (9 targets in Total)

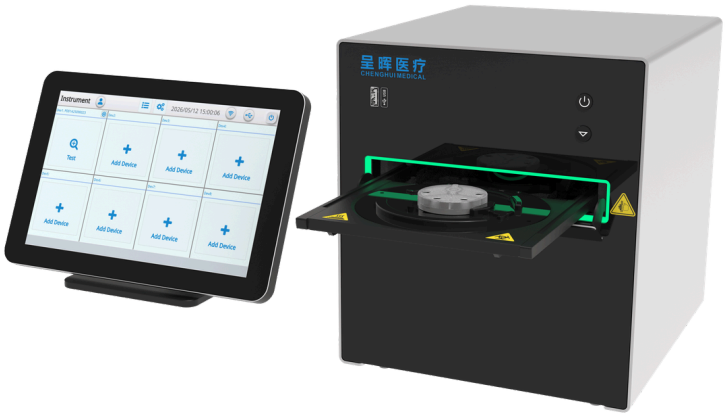
- **Influenza A virus,**
- **Influenza B virus,**
- **SARS-CoV-2,**
- **Respiratory syncytial virus,**
- **Rhinovirus,**
- **Adenovirus,**
- **Parainfluenza virus,**
- **Mycoplasma pneumoniae,**
- **Bordetella pertussis.**

Clinical Challenges

1. **Poor Differential Diagnostic Capacity Drives Empiric Treatment & Antibiotic Misuse:** Diverse respiratory pathogens including influenza, RSV, Mycoplasma pneumoniae and Bordetella pertussis present nearly identical early symptoms. Routine tests cannot distinguish viral, atypical pathogens and bacterial etiologies, leading to high missed diagnosis rates, widespread unnecessary antibiotic use, and delayed targeted intervention for high-risk groups such as children and the elderly.

2. **Unresolved Speed-Accuracy Trade-off in Conventional Testing:** Centralized laboratory PCR testing typically takes 1–3 days to issue results, too slow to support real-time clinical decision-making in outpatient and emergency settings. Rapid antigen tests offer fast turnaround but have relatively low sensitivity, especially for low viral load samples and non-viral pathogens, resulting in high false-negative rates.
3. **High Deployment Barriers & Inflexible Throughput Limit Widespread Access:** Traditional nucleic acid testing requires standardized PCR laboratories and certified technical personnel, making it largely unavailable in community clinics, township health centers and remote primary care settings, forcing patients to travel to tertiary hospitals for testing. Conventional instruments also fail to match fluctuating sample volumes: high-throughput devices incur high idle costs in off-peak periods, while low-throughput models cannot handle surging demand during respiratory infection seasons.

Core Clinical Benefits



1. **Precise Etiological Diagnosis for Targeted Treatment:** A single run covers 9 high-prevalence community-acquired respiratory pathogens spanning viruses, atypical pathogens and bacteria, accurately identifying easily missed pathogens such as Mycoplasma pneumoniae and Bordetella pertussis, guiding targeted therapy and reducing unnecessary antibiotic use.
2. **Rapid 40-Minute Turnaround for Single-Visit Diagnosis:** With only 1 minute of hands-on sample loading and ~40 minutes of total testing time, it delivers full diagnostic reports within a single visit, supporting rapid triage and timely intervention in outpatient and emergency settings, and shortening the course of illness.
3. **Low-Threshold POCT Deployment to Expand Testing Access:** The fully automated closed system requires no dedicated molecular laboratory or specialized technical staff, and can be operated after brief training. It can be directly deployed in community health centers, primary care clinics, school infirmaries and remote medical sites to reduce patient referral burdens.
4. **Flexible Modular Throughput for Multi-Scenario Adaptation:** Powered by the Flex-Disc platform with modular design, facilities can scale testing capacity based on actual sample volume, balancing daily routine testing demands, peak-season outpatient surges and public health screening needs with optimized operational cost efficiency.
5. **Onboard Single-Cartridge Quality Control:** Built-in internal control monitors the entire fluidic and PCR reaction process, effectively reducing the risk of false-negative results.
6. **Cold-Chain-Free Storage & Transportation:** Stable for 12 months at 4–28°C for storage and transport, no cold chain required, cutting logistics and inventory costs for healthcare facilities.

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