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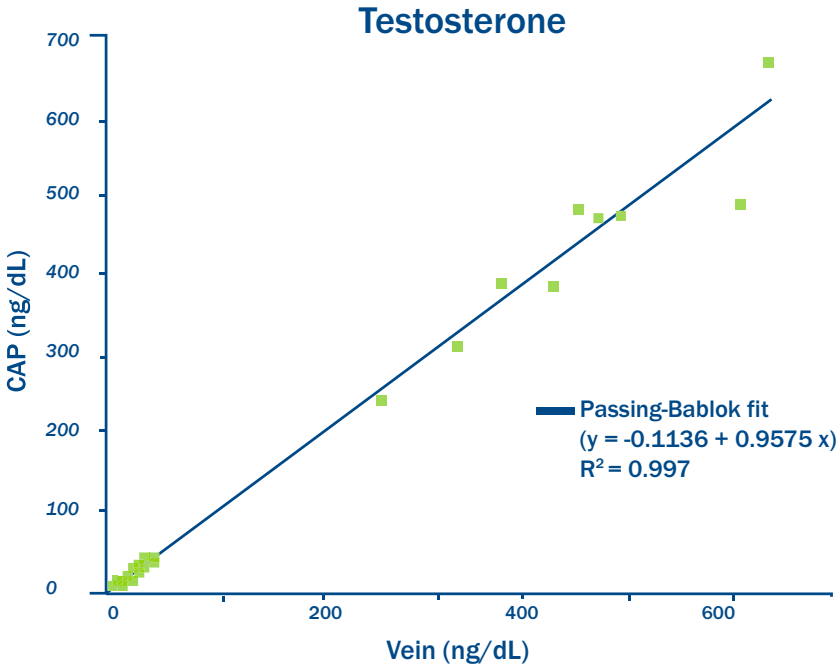
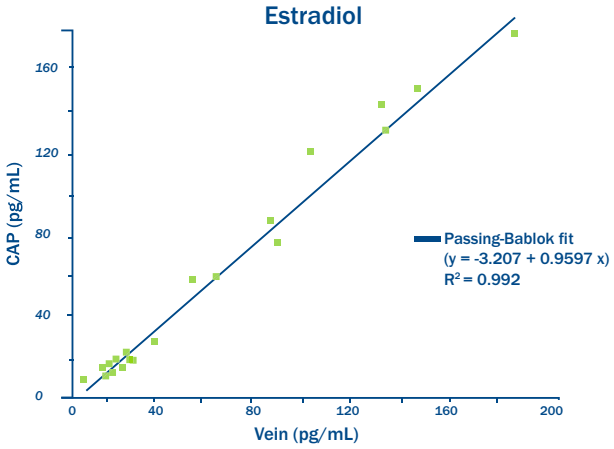
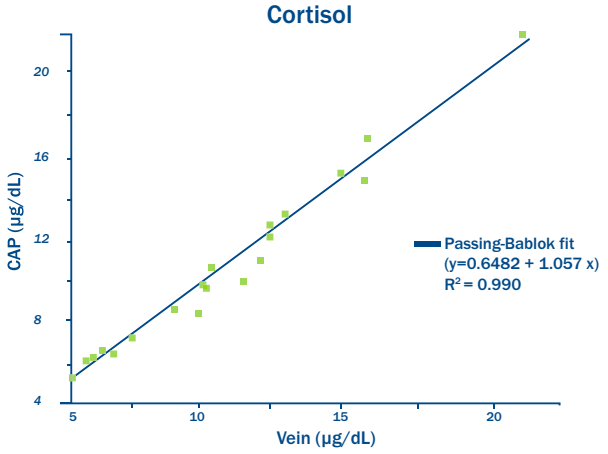
VENOUS COLLECTION vs. CAPILLARY COLLECTION

To prove the clinical impact of collecting blood from a capillary draw (finger prick) versus the traditional venous puncture, CliniCore performed a correlation study. Twenty patients ranging from the age of 20 to 65 and from both genders were monitored to determine if any discrepancies existed between the capillary and venous blood draw. The capillary draw was collected from the non-dominant hand immediately followed by a venous draw from the opposite arm. The venous blood draw concentration was plotted on the x-axis and the concentration of the capillary draw on the y-axis. A passing-bablok fit was utilized to calculate the correlation and systemic bias. The slopes of all hormones were near 1.0 indicating that no proportional bias existed and R values were greater than 0.95 indicating that the agreement between vein and capillary draw was greater than 95%. This was the first and most comprehensive study done by a clinical lab demonstrating the accuracy of a capillary draw for quantitating hormones.





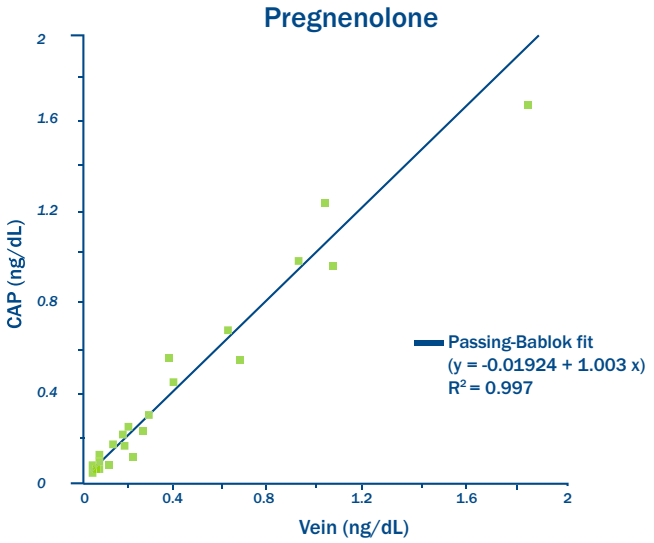


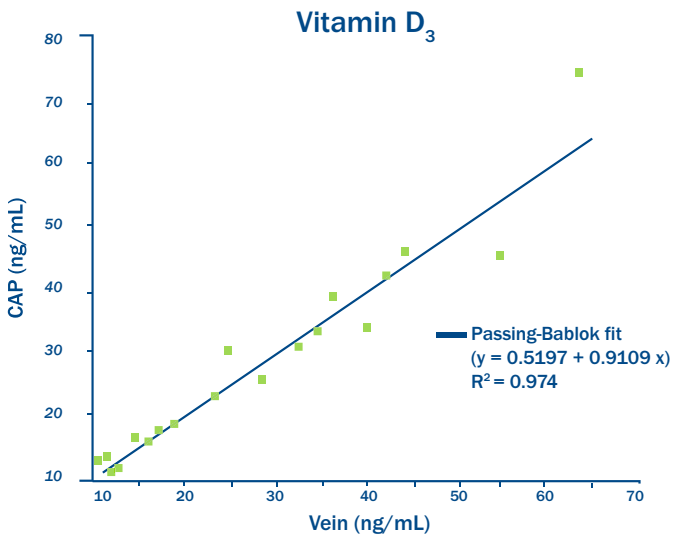
Venous collection:

- Requires licensed professionals
- Larger volume of blood
- Specific time collection is difficult

Capillary collection:

- Can be performed by medical assistant or properly trained patient
- Requires less than 1mL of blood
- Patient can collect sample at home





Vein to Capillary Study Summary Table			
Analyte	Patients (n)	Correlation (r^2)	Slope
Aldosterone	20	0.97	0.94
Androstenedione	20	0.98	1.02
Cortisol	20	0.99	1.06
Cortisone	20	0.97	1.09
Corticosterone	20	0.99	1.02
11-deoxycortisol	20	0.99	1.02
DHEA	20	0.97	1.02
DHEA-S	20	0.96	0.95
17β-estradiol (E2)	20	0.99	0.96
Estrone (E1)	20	1	0.96
Testosterone	20	1	0.96
5α-dihydrotestosterone (DHT)	15	0.97	1.57
Pregnenolone	20	0.98	1.01
17α-OH-Progesterone	20	0.99	1.03
Progesterone	20	1	0.97
Vitamin D3	20	0.97	0.91