A photograph of a middle-aged man with short, light-colored hair and blue eyes. He is wearing a green jacket over a blue button-down shirt. He is standing in what appears to be an airport or a large public building with large windows in the background. The background is slightly blurred.

**Every 4 minutes
1 American dies
of a stroke¹...**

*See why standardizing care with
CoaguChek[®] technology can significantly
impact your patient outcomes²*

Standardizing with CoaguChek technology helps you confidently meet the challenges of delivering high-quality, accountable care—while reducing risks and improving outcomes to lower overall costs

Why CoaguChek market leadership means confidence

- Since 1994, nearly 90% of published clinical evidence on the efficacy of point-of-care warfarin therapy has been generated using a CoaguChek system.³
- 9 of the Top 10 U.S. Integrated Health Networks (IHNs) choose CoaguChek technology.⁴
- More CoaguChek test strips are sold for point-of-care anticoagulation monitoring than all other brands combined.⁴
- More patients preferred the CoaguChek® XS system.⁵



Why it matters:



Every 4 minutes someone in the U.S. dies of a stroke.¹

More details inside ▶

Only the CoaguChek monitoring portfolio offers you a single-strip platform for consistency in PT/INR results across the care continuum

Why CoaguChek technology means higher quality

97% correlation to lab increases consistency in results⁶ to help you reduce risk of inappropriate changes in therapy.²

Only CoaguChek systems provide you with the assurance of lab-comparable accuracy to reduce risk of therapy decisions based on inaccurate results.

Heparin insensitivity increases patient safety to help you reduce risk and improve outcomes.⁷

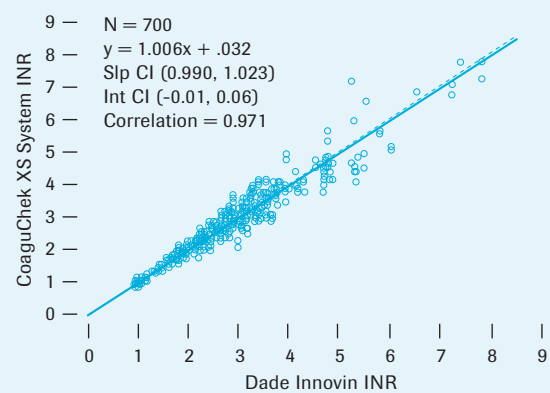
Only CoaguChek test strips contain a heparin-neutralizing agent to help ensure patient safety and reduce the risk of adverse events when physician is using heparin or LMWH to “bridge” patients back to warfarin therapy after major surgeries—a practice that may impact as many as one in every 10 patients annually.^{8,9}

Single-strip platform enables care coordination to help you reduce risk and improve outcomes.^{2,10}

Only the portfolio of CoaguChek systems offers you a single-strip platform for consistency in results that drive critical therapy decisions to help improve outcomes **across the care continuum**—from high-, mid- and low-volume point-of-care PT/INR monitoring to patient self-testing.

Ease of use improves patient satisfaction to help you reduce risk and improve outcomes.^{10,11}

Only the CoaguChek XS meter has earned the **Arthritis Foundation’s** distinguished **Ease-of-Use Commendation** for increased patient satisfaction—the most critical component of patient compliance and, therefore, outcomes.¹¹ This is important because about 57% of patients with heart disease also have arthritis¹²—a number that will increase as our population ages.



Lab correlation



*Stroke costs ... can range
from \$13,019 to \$20,346,
depending on severity.¹*

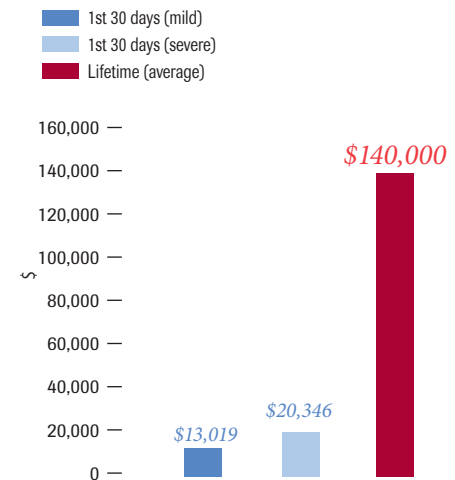
Why reduced risk and improved outcomes can mean lower overall costs

Prevalence and cost of a stroke:

- Nearly 800,000 Americans suffer a stroke each year.¹
- The average length of hospital stay for a stroke patient is 6.1 days.¹
- More than 1 in 5 stroke victims die or are readmitted to a hospital within 30 days—and nearly 62% die or are rehospitalized within a year.¹³
- Stroke costs within 30 days of an acute event can range from \$13,019 to \$20,346, depending on severity.¹
- Avoiding one stroke can save more than \$140,000—the estimated lifetime cost per patient.¹

Prevalence and cost of bleeding:

- Intracranial hemorrhage (ICH) and major gastrointestinal (GI) bleeding associated with warfarin therapy are rare but costly.¹⁴
- Mean all-cause healthcare costs in the 12 months after a warfarin claim can be as high as \$41,903 for patients with at least one ICH or major GI bleed, compared with \$24,129 for patients with no bleeding events.¹⁴
- Annual all-cause costs were 64.4% and 49.0% higher for patients with ICH and major GI bleeding, respectively, than for patients with no bleeding events.¹⁴



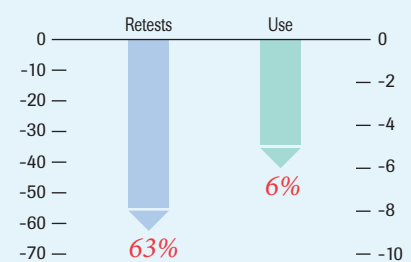
U.S. healthcare costs associated with a stroke¹



Why less retesting may mean lower annual testing costs—and higher patient satisfaction!

In a recent head-to-head study:⁵

- CoaguChek XS systems required 63% fewer test strips and lancets for retests, which equated to 6% less overall test strip and lancet waste.
- The CoaguChek XS system was preferred by 99% of patients and rated 25% less painful to use.



Less retests mean less test strips and lancets used

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Roche Diagnostics Corporation
9115 Hague Road
Indianapolis, IN 46256
www.coaguheck-usa.com