

Biomarkers for Kidney Transplant Recipients

	Combination Panel
	OmniGraf™
Type of Biomarker	Blood gene expression (120 genes) & dd-cfDNA (~100,000 SNPs)
Context of Use	Earliest ¹ and most accurate ² detection of subclinical and clinical rejection in transplant patients with stable kidney function
Validation	Surveillance
When to Start Testing	90 days post-transplant
Blood Draw Required	6ml / 1 tube
Result Measurements	Gene Expression (TruGraf): TX or Not-TX dd-cfDNA (Viracor TRAC): % of dd-cfDNA
Interpretation of Results	TX + <0.7 = low risk for rejection Not-TX + ≥0.7 = high risk for rejection
Sensitivity	77%
Specificity	94%
Negative Predictive Value (NPV)	94%
Positive Predictive Value (PPV)	89%
Suggested Testing Frequency	Quarterly monitoring
Rejection Type Targeted	TCMR & ABMR

Gene Expression	Donor-Derived Cell-Free DNA		
TruGraf®	Viracor TRAC®	AlloSure® Kidney	Prospera™
Blood gene expression (120 genes)	dd-cfDNA (~100,000 SNPs)	dd-cfDNA (405 SNPs)	dd-cfDNA (13,392 SNPs)
Rules out silent subclinical rejection in kidney transplant patients with stable kidney function	Rules out acute rejection in patients with suspicion of clinical acute rejection	Rules out acute rejection in patients with suspicion of clinical acute rejection	Rules out acute rejection in patients with suspicion of clinical acute rejection
Surveillance	For-cause biopsy	For-cause biopsy	For-cause biopsy
90 days post-transplant	Suspicion of clinical rejection	Suspicion of clinical rejection	Suspicion of clinical rejection
5ml / 2 tubes	10ml / 1 tube	10ml / 1 tube	10ml / 1 tube
TX or Not-TX	% of dd-cfDNA	% of dd-cfDNA	% of dd-cfDNA
TX: low risk for rejection Not-TX: at risk for rejection	< 0.7% clinical rejection unlikely ≥ 0.7% clinical rejection should be considered	≤ 1% reflect absence of active rejection > 1% probability of active rejection	≤ 1% wait and watch, no action > 1% use clinical findings to determine if biopsy is indicated
77%	58%	59%	89%
79%	85%	85%	73%
92%	92%	84%	95%
65%	40%	61%	52%
Quarterly monitoring	Clinical suspicion of rejection	Monthly 1-4 months; quarterly 6 months and beyond	Clinical suspicion of rejection
TCMR	ABMR	ABMR	ABMR

¹ OmniGraf and TruGraf are the only tests that detect subclinical acute rejection, before the onset of clinical acute rejection.

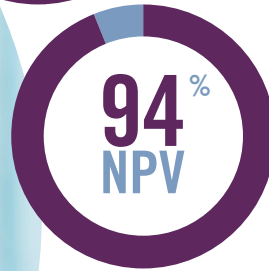
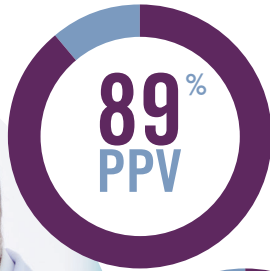
² OmniGraf has the highest Positive Predictive Value of currently-available biomarker-based rejection tests.

OMNIGRAF™

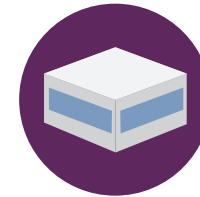
One Powerful Panel Two Targeted Biomarkers

Omnigraf™ is the first and only non-invasive test panel that combines novel genetic biomarkers for the earliest and most accurate view of kidney transplant rejection.

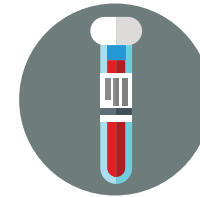
Combining gene expression profiling with donor-derived cell-free DNA for increased precision and accuracy, **Omnigraf** delivers clinically-actionable data on rejection status — empowering clinicians to provide the best possible long-term outcomes.



The Power of One:



One All-Inclusive
Sample Collection Kit



One 6ml
Routine Blood Draw



One Overnight Shipment



One Easy-to-Interpret
Longitudinal Report



Learn more at
transplantgenomics.com/



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