BrainScope®

mTBI Assessment

The Confidence to Diagnose at Point of Care

Prep → Test → Result in Under 20 Minutes
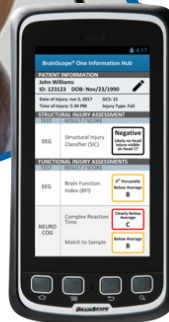
Fits into Any Clinical Workflow

Reimbursement Using Routine CPT Codes

99%
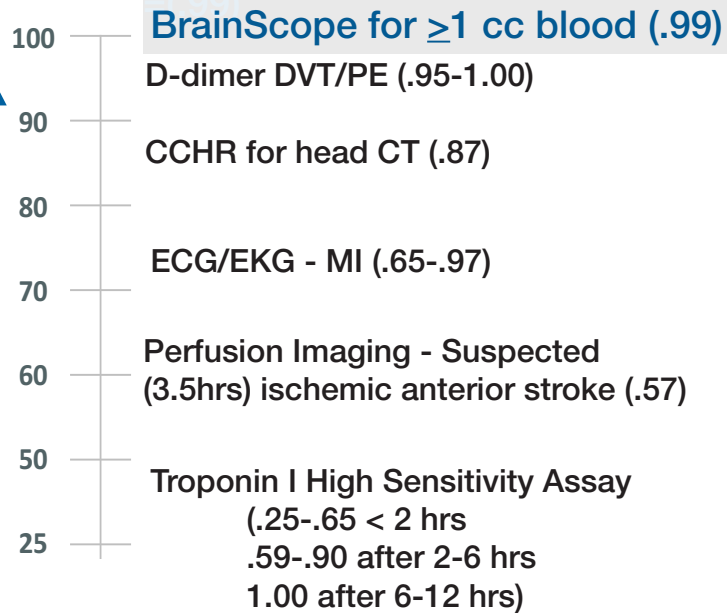sensitivity to CT+ brain injuries

98%
Negative Predictive Value

30.8%
demonstrated reduction in head CT

Highest Sensitivity to ED Technologies

Performance You Can Trust

In FDA Validation Study, no false negative patients were considered "clinically important," required neurosurgery, or returned to the hospital within 96 hours, and all were GCS 15.

SENSITIVITY

100 — BrainScope for ≥1 cc blood (.99)
D-dimer DVT/PE (.95-1.00)

90 — CCHR for head CT (.87)

80 —

ECG/EKG - MI (.65-.97)

70 —

Perfusion Imaging - Suspected (3.5hrs) ischemic anterior stroke (.57)

60 —

50 —

Troponin I High Sensitivity Assay
(.25-.65 < 2 hrs
.59-.90 after 2-6 hrs
1.00 after 6-12 hrs)

25 —

BrainScope uses EEG inputs, advanced A.I. and machine learning technology to identify objective markers of mTBI.
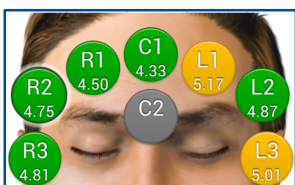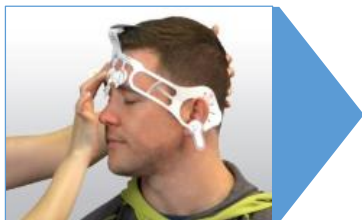
Structural Injury Classifier (SIC)

Predicts the likelihood of a patient being negative or positive for brain injury on a CT scan. An "equivocal" result is reported on patients that are close to the decision border.
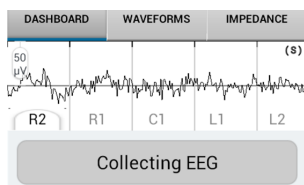
Brain Function Index (BFI)

Provides an objective marker of functional impairment that scales with severity and enables timely referrals and continuity of care.
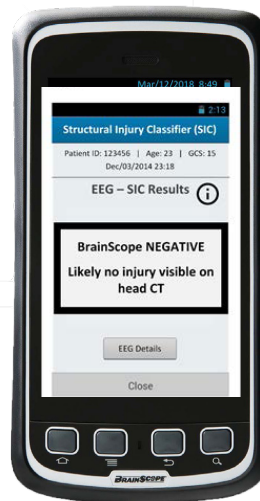
Prep Patient

Run Test

5 MINUTES

5 MINUTES

Structural Injury Classifier

Brain Function Index

Total Assessment Time: 10-15 Minutes

The Confidence to
Diagnose

8 FDA CLEARANCES

10 YEARS OF R&D

28 CLINICAL PUBLICATIONS

10,000+ SUBJECT OBSERVATIONS

"BrainScope will significantly reduce unnecessary head CT scans on patients who may not really need them."
- Chief of Emergency Medicine, Grady Memorial Hospital

Grady Memorial Hospital's Marcus Trauma Center is a Level 1 Trauma Center, verified nationally by the American College of Surgeons (ACS).

Choosing Wisely®

"Avoid computed tomography (CT) scans of the head in emergency department patients with minor head injury who are at low risk based on validated decision rules."
- American College of Emergency Physicians (ACEP)

Indications for Use

- 18 – 85 years of age
- Glasgow Coma Scale (GCS) 13 – 15
- Within 72 hours of closed head injury

For a list of complete indications please visit www.brainscope.com/products.

Note: Device screens shown are for representative purposes only and are subject to change.

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