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Lumos and Atomo are making waves in point-of-care testing. Pic: Getty Images

Point-of-care testing emerges as one of the most disruptive shifts in global diagnostics

- Lumos develops rapid finger blood test to rapidly differentiate between viral and bacterial respiratory infections
- Atomo's Pascal platform used to make single-use test cassettes for rapid blood testing outside traditional laboratories

Point-of-care (POC) testing has emerged as one of the most disruptive shifts in global diagnostics, rising to global prominence in 2020 as Covid-19 caused a global health crisis and drove unprecedented demand for rapid diagnostics.

Millions of people became all too familiar with shoving swabs up their nostrils or down their throats and waiting for a positive or negative result for Covid-19 or more technically the SARS-CoV-2 virus.

But long before Covid-19 POC testing was already bringing medical diagnostics out of laboratories and into GP clinics, pharmacies and homes leading to faster results and treatment.



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CLIA waiver opens growth path for Lumos

Morningstar has issued a warning that community backlack could data centre growth and hurt bullish AI-related copper demand projections.

[Lumos Diagnostics \(ASX:LDX\)](#) flagship rapid point-of-care finger blood test

FebriDx is designed to differentiate between viral and bacterial respiratory



room rather than relying on overlapping symptoms."

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The test received US FDA 510(k) clearance in 2023, but Ward said the biggest

commercial milestone came earlier this year when it secured a [Clinical Laboratory Improvement Amendments \(CLIA\) waiver](#), serving investors a quick hit of market action and updates from selected ASX-listed companies.

This allows FebriDx to be used in more than 300,000 waived testing sites

across the US, including physician offices, urgent care centres and retail

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"It's not just another rapid test," he said.

Blood spilled as chair **Mayfair Hotel to be** **Digital air traffic**
It's positioned to change how front-line clinicians manage the estimated 80
directors ousted at **transformed after** **control towers not fit**
million acute respiratory infection visits in the US each year by bringing more
iconic Aussie company **\$75m sale** **for WFF, says**
appropriate antibiotic prescribing into the point-of-care workflow. **Airservices boss**

"Reimbursement has been encouraging, with more than 90% of claims being paid, broad Medicare recognition and private payers typically reimbursing above Medicare rates."

Good Afternoon George **Comment roll out is under way** after Lumos signed a six-year exclusive national US distribution agreement worth ~US\$317 million with PHASE



reps," Ward said.

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"Our own and PHASE's field teams are hyper-focused on the top 100 urgent
tributes flow for **buzzing grocery's** **tiny, 'hidden' pain**
care parent entities, which alone account for roughly half of all US urgent
young suicide advocate **closure in eastern** **nearly killed from**
care sites, while partners like **sub** **Harry** **Schein and McKesson cover the long tail**
of smaller practices.

"This is a capital-efficient way to move the needle where volumes and influence are highest."

Use of FebriDx is also being established **Read More** **WellStreet Urgent Care**
network.

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WellStreet is a good example of how we approach large urgent care
Thorpe attacked outside **traffic mayhem amid**
accounts," Ward said. **new wedding plot twist**
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"We started by piloting FebriDx at a single moderately complex WellStreet site in Fayetteville, Georgia, before CLIA waiver to prove clinical value and refine how the test fits into the workflow," Ward said.
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not rock on in 2026
"After CLIA waiver, that pilot expanded to more than 40 sites and is now scaling across the broader WellStreet footprint in multiple states."

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Ward said FebriDx now had the regulatory clearance, clinical evidence, economic rationale and commercial infrastructure to become a standard POC tool for managing acute respiratory infections.

SA News **Head**
Next respiratory season is about converting that foundation into visible,
Outback rainfall turns **repeat sanitisation and revenue across a growing base of high-value**
bucket-list view into **programs through commercial and technical collaborations.**
muddy tourist trap **'The fear is real': Darren**
Beyond FebriDx, Lumos is also involved in a range of POC development
Robertson on life as a

Atomo grows supply partnerships and in-house tests

Atomo, 'implausible': Police security officer denies DV charges

'I was broke', 32yo Aussie made \$1m in 6 months

[Atomo Diagnostics \(ASX:AT1\)](#) powers part of the POC testing supply chain, but also develops and commercialises its own rapid diagnostic tests.

Its Pascal platform is used to make single-use test cassettes for rapid blood testing outside traditional laboratories.

The design is focused on improving ease of use, consistency and suitability for testing in clinics, pharmacies and other POC environments.

A key commercial relationship is its role as a supplier of these test cassettes to Lumos for their FebriDx test.

Atomo has an established presence in infectious disease testing, including HIV self-tests in markets such as Australia, New Zealand and the UK.

It has also developed a rapid syphilis test, targeting a sexually transmitted infection (STI) that has re-emerged as a growing public health concern in several developed markets, including Australia and the US, after years of decline.

The company also has early-stage programs in liver health testing. Atomo said recent new customers reflected growing interest in its test solutions as a scalable foundation for rapid diagnostic test development including self-testing at home.

Shift beyond POC testing to remote monitoring

While point-of-care testing continues to expand, [Adherium \(ASX:ADR\)](#) sits within a broader shift toward remote monitoring and decentralised healthcare.

Adherium's FDA-cleared Hailie Smartinhaler targets poor medication adherence in respiratory medicine, which is a key driver of avoidable flare-ups, hospitalisations and declining disease control.

Chief commercial officer John Perry told *Stockhead* the device attached to standard asthma and COPD inhalers, automatically recording when medication was taken and capturing real-world usage data between clinical visits.

"Most adherence programs fail because they depend on the patient adopting a new habit," he said.

"Ours does not because capture is passive, so the data keeps flowing even from the older, disengaged, hard-to-reach patients who need it most.

"On that foundation, care moves off patient recall and the occasional in-clinic snapshot and onto objective, real-world data captured between visits.

Perry said the data provided from the Hailie Smartinhaler was already changing clinical decisions.

"Clinicians see whether controller medication is actually being taken, whether reliever use is climbing and whether technique is the real problem," he said.

He said it then became a matter of "coach or prescribe" where care teams could tell whether the fix was a technique correction or a medication change.

And rather than adding another monitoring task for stretched clinicians, Adherium operates a managed care model where its team monitors adherence data, engages patients between appointments and escalates only clinically significant cases.

"Routine support is handled remotely, and only the patients who need clinical review reach the clinician," Perry said.

Adherium is also building a strong case for adoption, backed by clinical evidence from its iCARE program with Intermountain Health, based in Utah in the US, which has deployed 4,000 Hailie Smartinhalers across up to 2500 asthma and COPD patients in five healthcare facilities.

"Patients on Hailie-connected controllers used them as prescribed roughly two-thirds of the time, against the one-in-five typically reported in this population," Perry said.

"Nearly four in 10 cleared 80% adherence, the threshold associated with roughly half as many respiratory attacks."

The improvement translated into a 50.3% reduction in hospital admissions, a 20% reduction in emergency department visits and a 57% fall in annual cost of care per patient, from US\$36,837 to US\$15,899. Patient engagement remained high, with retention above 90% at 12 months.

Perry said moves to value-based care, where providers were paid for outcomes rather than activity, was driving a new commercial model well suited to Adherium.

"The iCARE cost-of-care reductions are exactly what health systems and payers now buy under value-based reimbursement," he said.

"So this is not a pivot away from revenue. It is the path to larger, stickier, outcomes-linked revenue, and to Adherium becoming a digital respiratory care partner rather than a connected device company."

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Originally published as [ASX healthcare stocks riding the point-of-care testing wave](#)

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