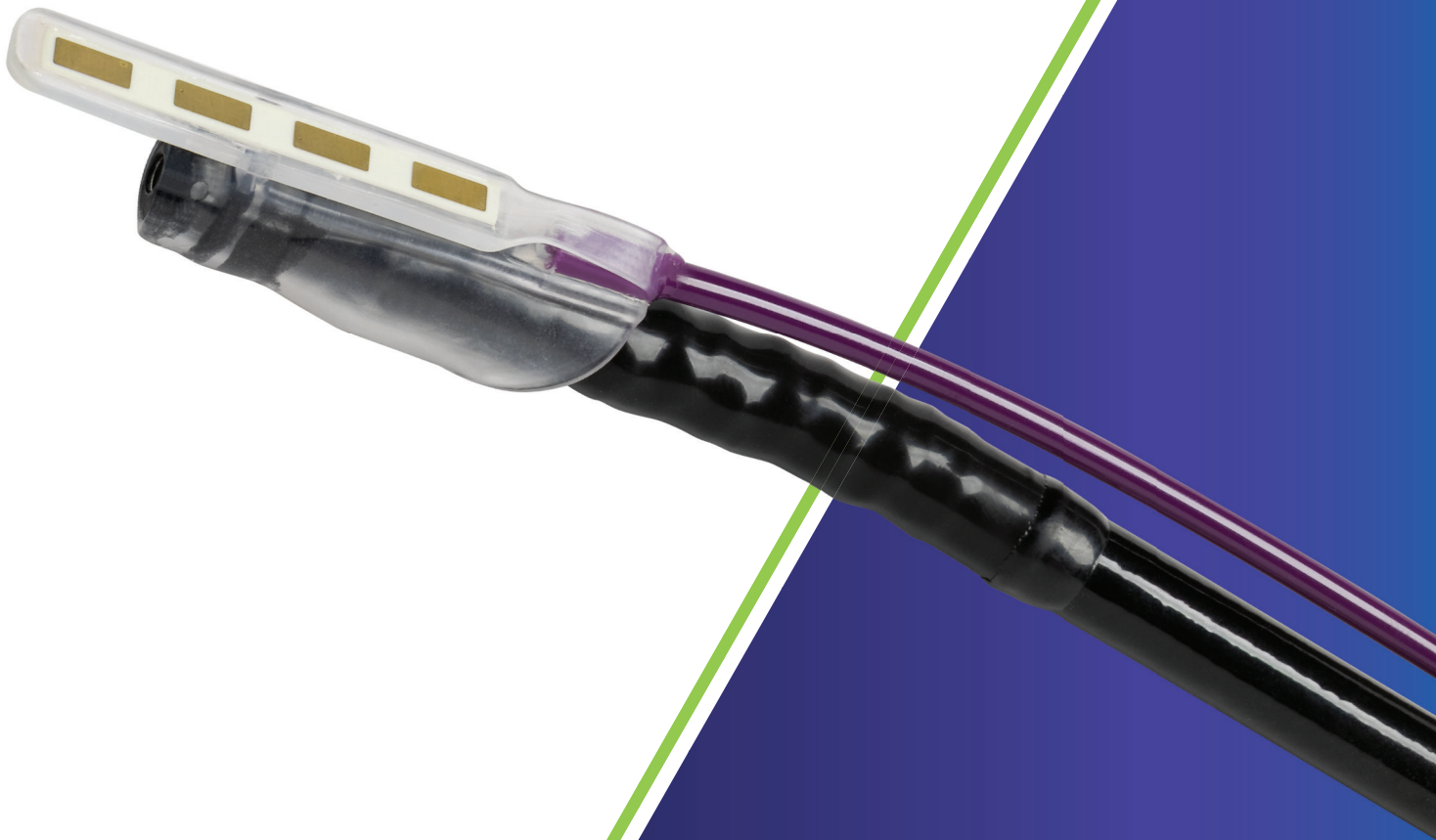


MiVu™ Mucosal Integrity Testing System

Real-Time Results

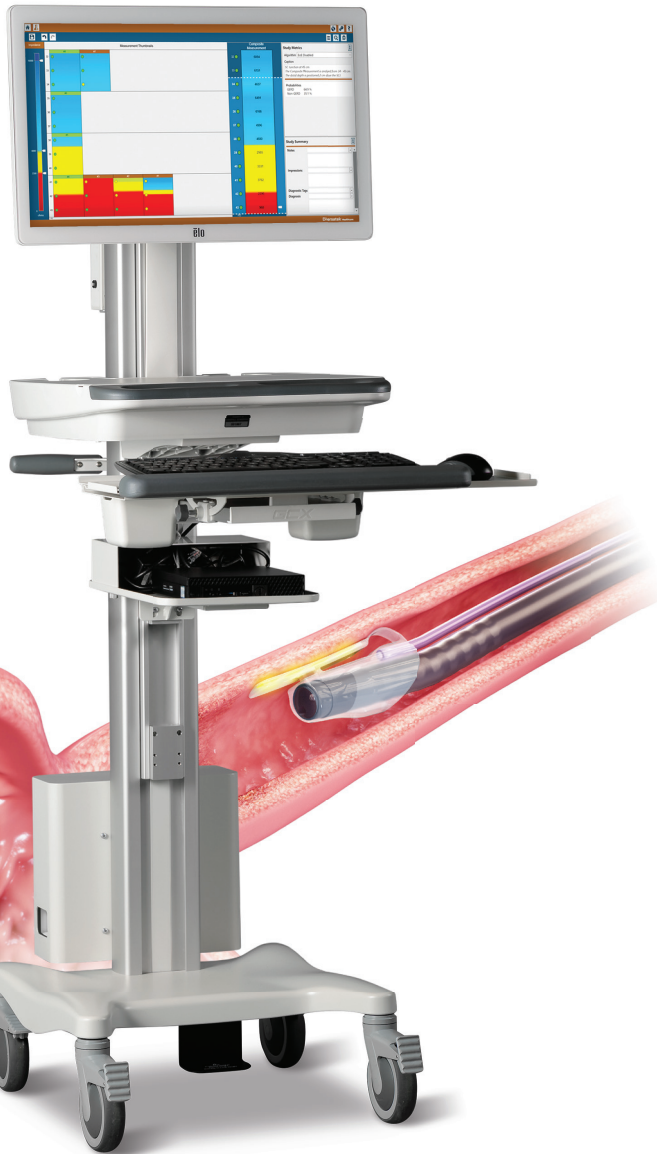
MiVu delivers instant results during routine endoscopy, differentiating GERD, EoE, and Non-GERD, to accelerate treatment decisions.



Mucosal Integrity Testing

Transform Your Practice

MiVu assesses electrical impedance along 10 cm of the esophagus, instantly generating a distinct mucosal integrity contour that differentiates GERD, EoE, and Non-GERD. MiVu enables immediate, data-driven treatment decisions.



MiVu Benefits

- **Immediate results** enable prompt treatment decisions
- **Easy-to-use** to enhance procedural efficiency
- **Streamlined diagnostics** through seamless integration into existing endoscopy workflows
- **Patient-friendly** with no probes, no added patient steps, and fewer follow-up visits when performed during a scheduled endoscopy

100%

Sensitivity for EoE^{vi}



GERD

96%

Positive Predictive Value for Reflux^{viii}



EoE

95%

Specificity for GERD^{viii}



Non-GERD

User-Friendly Operation

1. Securely attach the Endo Cap to the distal end of the endoscope.
2. Position the tip of the endoscope at 2 cm above the squamocolumnar junction (SCJ).
3. Visually confirm that the sensors are properly positioned to the mucosal wall to capture quality measurements. Take the initial capture.
4. Retract the endoscope 3 cm for the next capture and repeat two more times, for a total of four captures, to successfully measure impedance along the esophagus.

MiVu™ Mucosal Integrity Testing System is covered by one or more of the following patents: US 11,291,382, US 9,814,408 and US 10,321,867.

^{vi} Choski, Y., et al. (2018). Esophageal mucosal impedance patterns discriminate patients with eosinophilic esophagitis from patients with GERD. *Clinical Gastroenterology and Hepatology*, 16(5), 664-671. <https://doi.org/10.1016/j.cgh.2017.12.020>

^{viii} Ates, F., et al. (2015). Mucosal impedance discriminates gastroesophageal reflux disease from non-gastroesophageal reflux disease conditions. *Gastroenterology*, 148(2), 334-343. <https://doi.org/10.1053/j.gastro.2014.10.010>

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