

Staphylococcus

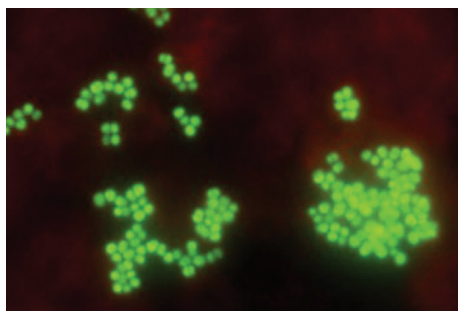
Rapid, easy identification from positive blood cultures

Staphylococcus QuickFISH

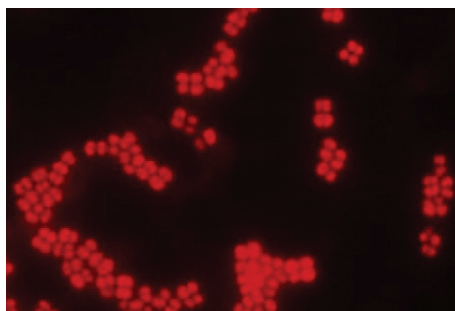
- Distinguishes *Staphylococcus aureus* from Coagulase Negative Staphylococci (CoNS) in 20 minutes
- Allows species ID to be reported with Gram stain result
- Works with samples taken directly from blood cultures: no sample preparation needed
- Ensure early, appropriate therapy for patients with *S.aureus* infections
- Minimise the unnecessary use of vancomycin and broad-spectrum antibiotics

QuickFISH™
Powered by PNA Technology

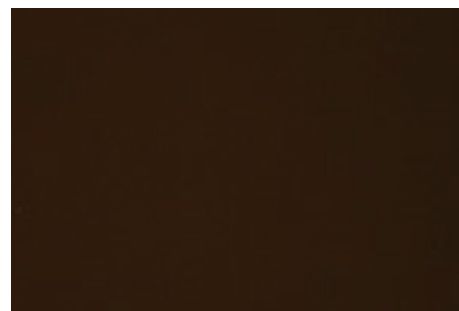
AdvanDx



S.aureus



CoNS



Negative Sample

- Staphylococcus species look identical under the light microscope after Gram staining – further identification to species by culture methods can take 24-48 hours.
- Staphylococcal bacteraemias are frequently treated with vancomycin until species ID becomes available: QuickFISH can remove this requirement
- QuickFISH provides a positive, unambiguous species ID in 20 minutes, and is based on the proven, patented PNA-FISH technology from AdvanDx
- Identification of CoNS in 20 minutes rather than 24-48 hours could deliver:
 - 2 day reduction in length of hospital stay per patient with CoNS^{1,2}
 - 4.5 doses of Vancomycin saved per patient with CoNS¹
- Identification of *S.aureus* in 20 minutes rather than 24-48 hours could deliver:
 - 53% reduction in patient mortality²

QuickFISH: Staphylococcus allows clinicians to rapidly ensure early, appropriate therapy for patients with *S.aureus* bacteraemia, while minimising the unnecessary use of resources and broad spectrum antibiotics on those with CoNS.

References

1. Forrest GN, Mehta S, Weekes E, Lincalis DP, Johnson JK, Venezia RA. Impact of rapid in situ hybridization testing on coagulase-negative staphylococci positive blood cultures. J Antimicrob Chemother. 2006 Jul;58(1):154-8
2. Ly T, Gulia J, Pyrgos V, Waga M, Shoham S. Impact upon clinical outcomes of translation of PNA FISH-generated laboratory data from the clinical microbiology bench to bedside in real time. Ther Clin Risk Manag. 2008 Jun;4(3):637-40.