

# Staphylococcus

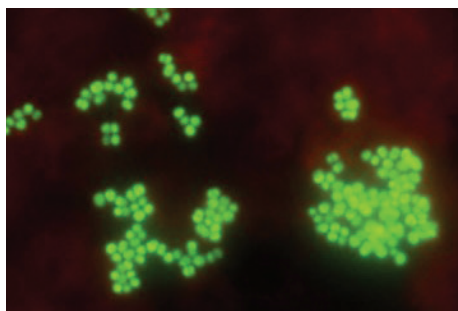
## Rapid, easy identification from positive blood cultures

### Staphylococcus QuickFISH

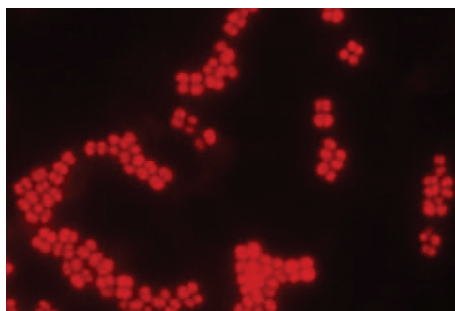
- Distinguishes *Staphylococcus aureus* from Coagulase Negative Staphylococci (CoNS) in 20 minutes
- Allows species ID to be reported with Gram stain result
- Works with samples taken directly from blood cultures: no sample preparation needed
- Ensure early, appropriate therapy for patients with *S.aureus*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

**QuickFISH™**  
Powered by PNA Technology

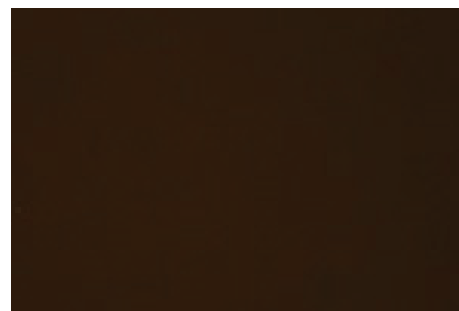
**AdvanDx**



*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<sup>1,2</sup>
  - 4.5 doses of Vancomycin saved per patient with CoNS<sup>1</sup>
- Identification of *S.aureus* in 20 minutes rather than 24-48 hours could deliver:
  - 53% reduction in patient mortality<sup>2</sup>

**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.