FilmArray Respiratory Panel

1 Test. 20 Respiratory Pathogens. All in about an hour.



Viruses

- Adenovirus
- Coronavirus HKU1
- Coronavirus NL63
- Coronavirus 229E
- Coronavirus OC43
- Human Metapneumovirus

- Human Rhinovirus/
- Enterovirus
- Influenza A
- Influenza A/H1
- Influenza A/H1-2009
 - Influenza A/H3

- Influenza B
- Parainfluenza 1
- Parainfluenza 2
- Parainfluenza 3
- Parainfluenza 4
- Respiratory Syncytial Virus



Bacteria

- Bordetella pertussis
- Chlamydophila pneumoniae
- Mycoplasma pneumoniae
- For In-vitro Diagnostic Use

 For Leared | CE IVD Marked

20 Targets Simultaneous Detection of 20 Targets

The FilmArray Respiratory Panel tests for a comprehensive panel of 20 respiratory viruses and bacteria. The FilmArray instrument integrates sample preparation, amplification, detection and analysis into one simple system that requires 2 minutes of hands-on time and has a total run time of about 1 hour.

- Simple: Two minutes of hands-on time
- Easy: No precise measuring or pipetting required
- Fast: Turnaround time of about 1 hour
- Comprehensive: 20 target respiratory panel



FREE

Demo!

If you are interested in a free, no obligation demonstration of the FilmArray in your laboratory visit <u>www.filmarray.com</u> or call 1-800-735-6544.



Upper Respiratory Tract Infections (URTI)

It is estimated that adults get 2-4 upper respiratory tract infections each year while children average 6-12 upper respiratory tract infections a year. The estimated economic impact of non-influenza related upper respiratory tract infections is \$40 billion annually in the US.¹

A respiratory tract infection can be the result of one of dozens of viral or bacterial pathogens. The symptoms caused by these different pathogens are nearly indistinguishable, but how a healthcare provider chooses to treat a respiratory infection may depend greatly on a rapid and accurate diagnosis of the responsible pathogen.

Unfortunately, rapidly delivering accurate results has been a challenge for traditional diagnostic methods. This potentially increases the chance that patients remain undiagnosed or misdiagnosed and may end up not receiving critical medications, or receive unnecessary antibiotics.

Rapid and accurate diagnostic testing for respiratory pathogens may aid healthcare providers in diagnosing patients, which may improve patient management, help limit the spread of disease, and reduce overall healthcare costs.

Setting up the FilmArray is Easy – Sample in, Results out



Clinical Sensitivity and Specificity of the FilmArray Respiratory Pouch

Pathogens	Sensitivity		Specificity
	Prospective	Retrospective	Prospective
Adenovirus	88.9%	100%	98.3%
Coronavirus HKU1	95.8%	n/a	99.8%
Coronavirus NL63	95.8%	n/a	100%
Coronavirus 229E	100%	100%	99.80%
Coronavirus OC43	100%	100%	99.60%
Human Metapneumovirus	94.6%	n/a	99.2%
Human Rhinovirus/Enterovirus	92.7%	95.7%	94.6%
Influenza A	90.0%	n/a	99.8%
Influenza A/H1	n/a	100%	100%
Influenza A/H3	n/a	100%	100%
Influenza A/H1-2009	88.9%*	100%	99.6%
Influenza B	n/a	100%	100%
Parainfluenza Virus 1	100%*	97.1%	99.9%
Parainfluenza Virus 2	87.4%*	100%	99.8%
Parainfluenza Virus 3	95.8%	100%	98.8%
Parainfluenza Virus 4	100%*	100%	99.9%
Respiratory Syncytial Virus	100%	n/a	89.1%
Bordetella pertussis	100%*	94.6%	99.90%
Chlamydophila pneumoniae	100%*	100%†	100%
Mycoplasma pneumoniae	100%*	84.4%	100%

Cooper RJ, Hoffman JR, Bartlett JG, et al: Principles of appropriate antibiotic use for acute pharyngitis in adults: Background. Ann Intern Med. 2001, 134: 509-517.

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For in vitro diagnostic use. Products are region specific and may not be approved in some countries/regions. Please contact Bio-Fire Dlagnostics to obtain the appropriate information for your country of residence.

MRKT-PRT-0229-03



[†]Spiked Chlamydophila pneumoniae samples were used to test retrospective sensitivity.

*Due to low prevalence in the prospective study, clinical sensitivity for these pathogens was based on less than 10 positive samples.