

Thermo Scientific

Multi-Drug Resistant Organism screening



Bringing more to

MDRO screening

Thermo
SCIENTIFIC

From detection to surveillance

comprehensive solutions for MDRO screening

Collection & Transport



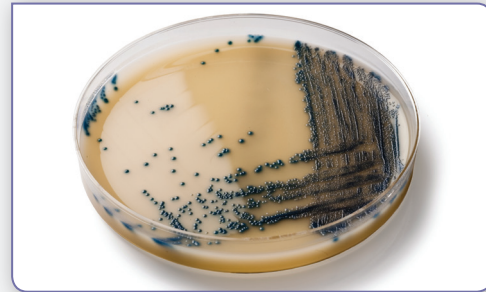
Remel™ BactiSwab™ Amies Charcoal Gel Swab

- Neutralizes bacterial toxins and inhibitory substances
- Provides excellent recovery for a wide range of bacteria, including anaerobes
- Packaged with a single rayon-tipped swab mounted in the cap of a translucent plastic tube, with a spiral chamber containing gel transport medium with charcoal

Transport Solutions

- Remel™ MicroTest™ Tubes

Detect, Isolate, Identify

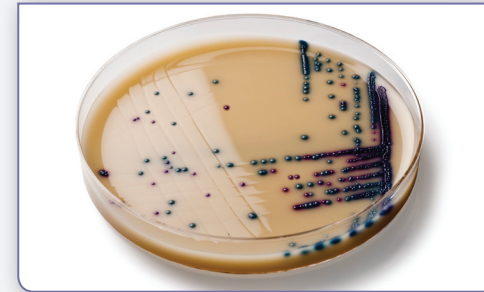


Thermo Scientific™ Brilliance™ MRSA

- Reliable, cost-effective test to detect colonization of MRSA and MSSA from positive blood cultures within 24 hours
- Easy-to-use, easy-to-read format for optimal workflow
- Chromogens ensure distinctive blue colonies are clearly visible

Supplementary Products

- Oxoid™ PBP2 Latex Agglutination Test Kit



Thermo Scientific Brilliance VRE

- Detects gastrointestinal colonization of VRE in just 24 hours
- Reliable, economical VRE screening tool that correctly classifies patients, whether positive or negative
- Minimal hands-on time and simple procedure
- Control the spread of VRE and reduce the threat of vancomycin resistance transfer

Supplementary Products

- O.B.I.S. PYR
- Thermo Scientific™ RapID™ Systems



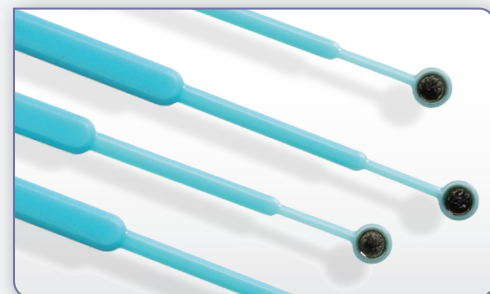
Thermo Scientific Brilliance ESBL

- Presumptive identification of ESBL-producing *E. coli* and the KESC group in just 24 hours
- Clear organism differentiation for fast, simple reading
- Reduced incidence of false-positives versus traditional media

Thermo Scientific Brilliance CRE

- Simple screening of carbapenem-resistant Enterobacteriaceae – including NDM-1
- Results in just 18 hours
- Clear organism differentiation for fast, simple reading

Quality Control & Validation



Thermo Scientific™ Culti-Loops™ Quality Control Organisms

- Ready-to-use, disposable inoculation loop
- Gentle gel preservation to ensure enhanced recovery and reproducibility
- Simplify validation with Culti-Loop MRSA and VRE Evaluation Panels

Validation Panels

- Sensititre Automated Gram-negative Validation Set
- Sensititre MIC Breakpoint Validation Set
- Sensititre MIC Susceptibility Validation Set

Antimicrobial Susceptibility Testing



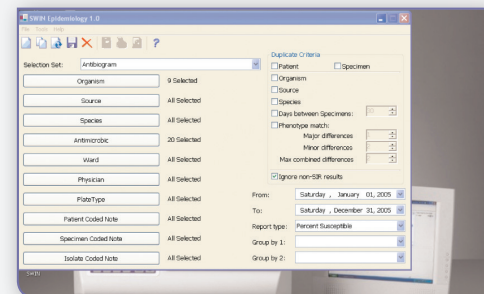
Thermo Scientific™ Sensititre™ System

- Sensititre Gram-positive all-in-one Plate, including ceftaroline, D-Test and ceftaxime screening, provides true MIC results for better detection of resistance
- Sensititre ESBL Confirmatory Plate includes a comprehensive selection of antimicrobics, for cost-effective Enterobacteriaceae testing and ESBL confirmation
- Fully automated Sensititre ARIS 2X System improves testing, reporting, and epidemiology of resistance mechanisms

Manual Antimicrobial Susceptibility

- Oxoid Susceptibility Discs and M.I.C. Evaluators™

Reporting



Sensititre™ SWIN™ Software


- Easily consolidate test programs and enhance data entry with manual, semi-automated and fully automated read options

Sensititre SWIN Epidemiology Module

- Generate comprehensive reports specific to your patient populations in minutes, for accurate susceptibility trending and resistance surveillance
- Analyze patient data to identify resistance patterns, monitor and adjust antimicrobial treatment, and evaluate current infection control practices

What would an outbreak cost your hospital?

- MRSA costs U.S. hospitals \$3.2–\$4.2 billion annually, and patients with MRSA spend up to 10 days longer in the hospital than those with methicillin-sensitive *Staphylococcus aureus* (MSSA) infections.¹ Once colonized with MRSA, 30–50% of patients become infected.^{2,3}
- MRSA bacteremia results in \$71,715 in additional total hospital costs, and length of stay is 10 days longer compared to MSSA bacteremia.⁴
- Colonization with VRE can progress to infection, and these severe adverse outcomes are an economic burden to both the hospital and the patient.⁵ This results in longer hospital stays (up to 6 days), increased costs (\$12,766 per case) and a two-fold increase in mortality.⁵ A rapid, reliable VRE screening test is critical to controlling these dangerous organisms and saving lives.



Significantly reduce cost per test for MDRO screening

From detection to susceptibility, Thermo Scientific products offer a comprehensive and cost-effective solution for MDRO screening.

- Range of collection and transport solutions simplify and streamline specimen collection
- Rapidly and economically detect MDRO colonization with Thermo Scientific chromogenic media, while minimizing unnecessary hospital costs and the potential for outbreak
- Eliminate additional offline test procedures required to detect resistant organisms with the Sensititre System, saving valuable time and cost
- One-step Thermo Scientific RapID Systems reduce materials usage, saving time and money

Combining over 150 years of technical and scientific expertise in serving the microbiology community, Remel™, Oxoid™, VersaTREK™ and Sensititre™ products join the industry-leading Thermo Scientific product portfolio, renowned for quality, accuracy, reliability and innovation. With powerful manual and automated technologies, and a comprehensive line of media and diagnostic products, we strive to be your trusted partner for every step of the microbiology workflow. Our products help diagnose infections quickly and accurately to speed valuable information to clinicians, facilitating faster treatment decisions, and overall better patient care.

To view the catalog or learn more about our full range of MDRO testing solutions, visit thermoscientific.com/microbiology.

¹ U.S. Outcomes Research Group of Pfizer Inc. Presented at the International Society for Pharmacoeconomics Outcome Research Meeting; 2005.

² Hall, G., and D. Flayhart. Infection Control Today; February 2006.

³ Klevens, R.M., et. al. Clinical Infectious Disease; 2006; 42:389-91.

⁴ Ben-David D., et. al. Infection Control Hospital Epidemiology; 2009; 30:453-460.

⁵ Carmeli, Y., et. al. Archives of Internal Medicine; Volume 162; October 28, 2002.

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