HOW CAN YOU ACHIEVE BD MAX™ VAGINAL PANEL

Tests that take hours as opposed to days ... will have a positive patient impact.”

Scientific Director of the Esoteric Testing/R&D Department
Tampa General Hospital

EXPAND YOUR LAB’S MOLECULAR TESTING POTENTIAL

► Workflow efficiency for timely patient management
► Diagnostic speed and accuracy to aid in fast, appropriate treatment
► Testing versatility for a wide range of patients

VISIT BD.COM/DS TO FIND OUT HOW

THE BD MAX™ SYSTEM
MAXIMIZE SUCCESS
ELEVATE THE STANDARD OF CARE

INTRODUCING THE NEW BD MAX™ VAGINAL PANEL
The first microbiome-based, polymerase chain reaction (PCR) assay that directly detects the 3 most common infectious causes of vaginitis¹

- Bacterial vaginosis, vulvovaginal candidiasis, and Trichomonas vaginalis²
- Maximize efficiency with 1 collection, 1 test for the 3 most common infectious causes of vaginitis
- Supports antimicrobial resistance initiatives by reporting Candida krusei and C. glabrata

WHY CHANGE?
Traditional diagnostics leave up to 40% of women with vaginitis undiagnosed after an initial clinical visit.² The BD MAX™ Vaginal Panel provides more complete, accurate detection,¹ to help more patients.

SIGNIFICANT PREVALENCE. SEVERE Complications.

UP TO 75% OF WOMEN EXPERIENCE AT LEAST ONE CASE OF VVC, TV* OR BV† IN THEIR LIFETIME³

40% TO 45% WILL HAVE 2 OR 3²

WHY BD? Accurate treatment begins with an accurate diagnosis. BD MAX Vaginal Panel is the first FDA-authorized, microbiome-based assay that detects the 3 most common infectious causes of vaginitis,³ with the efficiency of 1 swab. Consistent, accurate results that surpass traditional methods for vaginitis detection.¹

WHY NOW?
HEALTH RISKS INCLUDE
- Preterm or low birth-weight babies
- Late-term miscarriage
- Increased risk of sexually transmitted infections such as HIV and pelvic inflammatory disease³

A NEED FOR IMPROVED TESTING
Clinical diagnosis and traditional diagnostic techniques tend to be subjective with variable sensitivity and specificity³

40% OF WOMEN WITH VAGINITIS LEAVE AN INITIAL MEDICAL VISIT UNDIAGNOSED²

This potentially leads to:
- Continued symptoms
- Repeat visits
- Inappropriate treatment
- Poor antimicrobial stewardship
- Unnecessary associated healthcare system costs²,³,⁵

OVERALL PERFORMANCE COMPARED TO PATIENT INFECTION STATUS¹

<table>
<thead>
<tr>
<th></th>
<th>Clinician-Received</th>
<th>Self-Received</th>
<th>Contrived Samples²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sens*</td>
<td>Spec**</td>
<td>Sens</td>
</tr>
<tr>
<td>Bacterial Vaginosis</td>
<td>90.5%</td>
<td>85.7%</td>
<td>90.7%</td>
</tr>
<tr>
<td>Candida group</td>
<td>90.9%</td>
<td>94.1%</td>
<td>92.2%</td>
</tr>
<tr>
<td>Candida glabrata²</td>
<td>75.9%</td>
<td>99.7%</td>
<td>86.7%</td>
</tr>
<tr>
<td>Candida krusei²</td>
<td>No Data</td>
<td>99.8%</td>
<td>No Data</td>
</tr>
<tr>
<td>Trichomonas vaginalis²</td>
<td>93.7%</td>
<td>99.3%</td>
<td>95.2%</td>
</tr>
</tbody>
</table>

*Sensitivity  **Specificity
**Candida group includes C. albicans, C. dubliniensis, C. parapsilosis and/or C. tropicalis
¹Positive Percent Agreement
²Negative Percent Agreement
³Out of 4 C. glabrata false negative results, 6 showed chromagar results consistent with low C. glabrata load (1+ to 2+ growth level) and 1 showed chromagar result consistent with high C. glabrata load (3+ growth level).
⁴No C. krusei positive specimens were identified in the study by the Reference Method.
⁵*False-negative results were recorded. Of those, 7 were found negative with an FDA-cleared molecular method.
⁶For rare analytes, an evaluation of contrived specimens was performed to supplement data collected in the study.