

# How can you achieve



# IMPACT?

*"We chose the BD MAX™ Enteric Bacterial Panel on the BD MAX™ System because of its syndromic and operational advantages for regional stool pathogen detection."<sup>1</sup>*

## Diagnostics that improve testing accuracy and patient management

- **Drive** appropriate treatment decisions with accurate, timely diagnoses<sup>1</sup>
- **Enhance** the overall patient therapy and care experience
- **Strengthen** institutional, operations and financial results

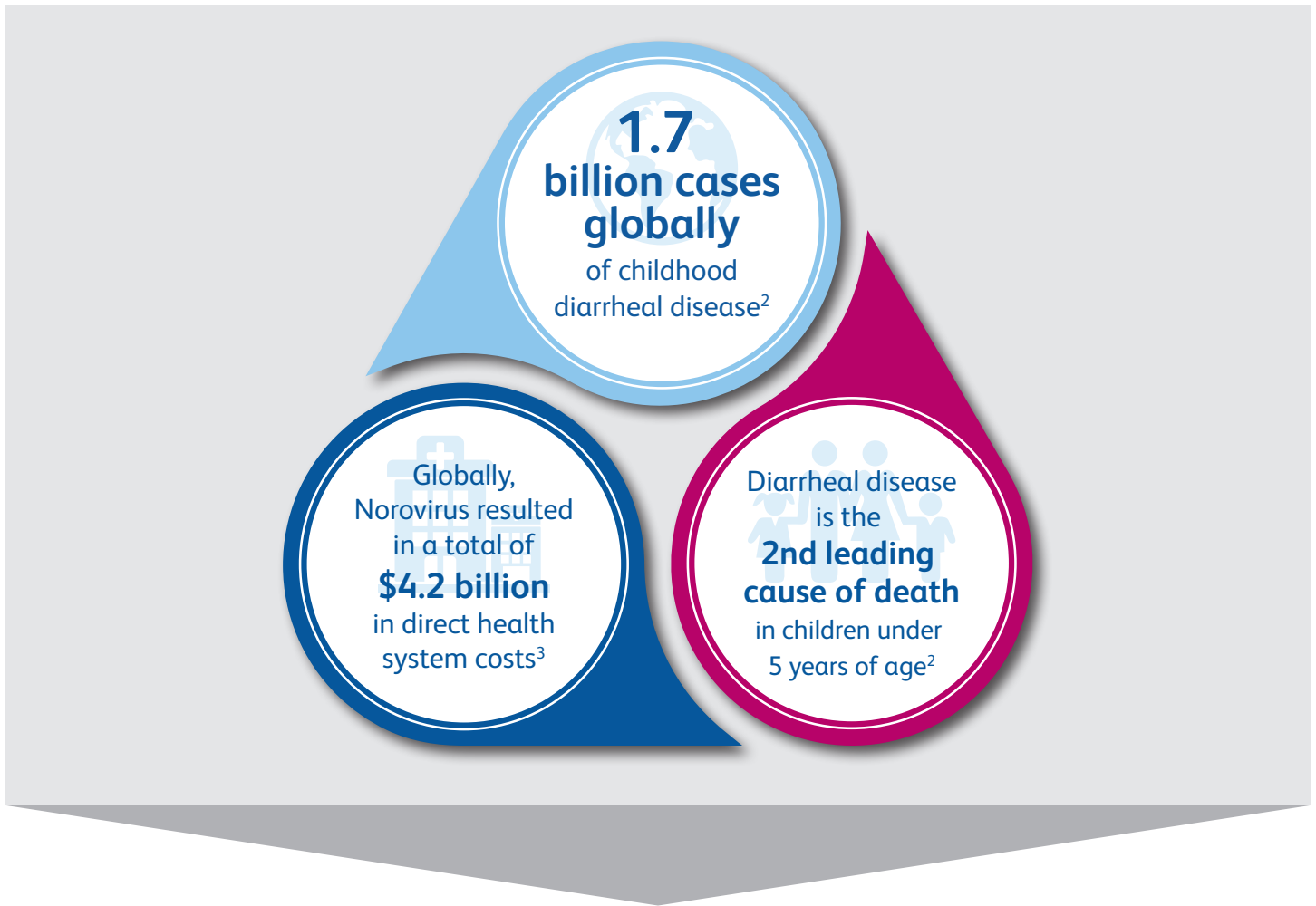
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BD MAX™ System



## The Challenge



Identifying the causative agent in gastroenteritis infections is difficult because traditional methods, such as microscopy and culture, can be less sensitive and take up to 2 days for results.<sup>1</sup>

### This could lead to:

- ▶ Less effective clinical decision-making
- ▶ Inappropriate treatment
- ▶ Unnecessary patient isolation
- ▶ Extended hospital stays

**Creating a major burden for the hospital, both operationally and financially.<sup>4</sup>**

# The Solution

BD can partner with your laboratory to simplify the stool bench. Enable your laboratory to:

- ▶ Provide results for up to 24 specimens in 3 hours<sup>5</sup>
- ▶ Decrease hands-on time for laboratory technicians versus traditional methods<sup>1</sup>
- ▶ Control total cost of ownership by limiting indirect costs while simplifying your stool bench<sup>1</sup>

## BD offers tailored panels to address clinical needs and optimize results

Reportable targeted results per assay are listed below:

<b>BD MAX™ Enteric Bacterial Panel</b>	<b>BD MAX™ Extended Enteric Bacterial Panel</b>	<b>BD MAX™ Enteric Parasite Panel</b>	<b>BD MAX™ Enteric Viral Panel</b>	<b>BD MAX™ Cdiff</b>
<ol style="list-style-type: none"><li>1. <i>Salmonella</i> spp.</li><li>2. <i>Campylobacter</i> spp. (<i>jejuni</i> and <i>coli</i>)</li><li>3. <i>Shigella</i> spp. / Enteroinvasive <i>E. coli</i> (EIEC)</li><li>4. Shiga toxin 1 &amp; 2 (<i>E. coli</i> [STEC])</li></ol>	<ol style="list-style-type: none"><li>1. <i>Plesiomonas shigelloides</i></li><li>2. <i>Vibrio</i> (<i>V. vulnificus</i>, <i>V. parahaemolyticus</i>, and <i>V. cholerae</i>)</li><li>3. Enterotoxigenic <i>E. coli</i> (ETEC)</li><li>4. <i>Yersinia enterocolitica</i></li></ol> <p>(mastermix only - must be run with Cat. 442963)</p>	<ol style="list-style-type: none"><li>1. <i>Giardia lamblia</i></li><li>2. <i>Cryptosporidium</i> (<i>C. hominis</i> and <i>C. parvum</i>)</li><li>3. <i>Entamoeba histolytica</i></li></ol>	<ol style="list-style-type: none"><li>1. Norovirus GI &amp; GII</li><li>2. Rotavirus A</li><li>3. Adenovirus F40/41</li><li>4. Sapovirus (genogroups I, II, IV, V)</li><li>5. Human Astrovirus (hAstro)</li></ol>	<ol style="list-style-type: none"><li>1. <i>Clostridium difficile</i> toxin B gene (<i>tcdB</i>)</li></ol>
Cat: 442963	Cat: 443812	Cat: 442960	Cat: 443985	Cat: 443418

Implementation of timely and accurate detection of organisms can:<sup>4</sup>

- ▶ Improve patient management and antimicrobial stewardship.
- ▶ Improve infection control and decrease infection transmission.

**BD partners with your laboratory to simplify the stool bench.**

## Start maximizing your impact. Contact your local representative.

### References

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5. Mortensen et al. BMC Clinical Pathology (2015) 15:9 DOI 10.1186/512907-015-0010-8.

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