



RAPID IDENTIFICATION SYSTEM~ OF BACTERIAL INFECTIONS

SEPSIS - it's a race against time, it's the MOMENT when you realize how important quick detection is in saving a life.

ePlex

Designed for the patient
Optimized for the TM lab

- **Detects > 95%** of the organisms responsible for sepsis and BSI, reducing identification by several days, compared to conventional methods;
- **Rapid detection** of resistance genes, allows treatment decisions to be made in a very short time;
- **Rapid elimination** of a potential contamination of blood cultures, for the immediate decrease of unnecessary antimicrobials;
- **Identification of** important anaerobes, often missed by culture or not included on other molecular panels.
- **Detection** of rare and emergent pathogens for faster diagnosis of the most critical patients;
- **Pan Targets** is the specific feature of these panels that give you the assurance that polymicrobial infections will not be missed.

ePlex®: A quick and complete solution, from sample to diagnosis



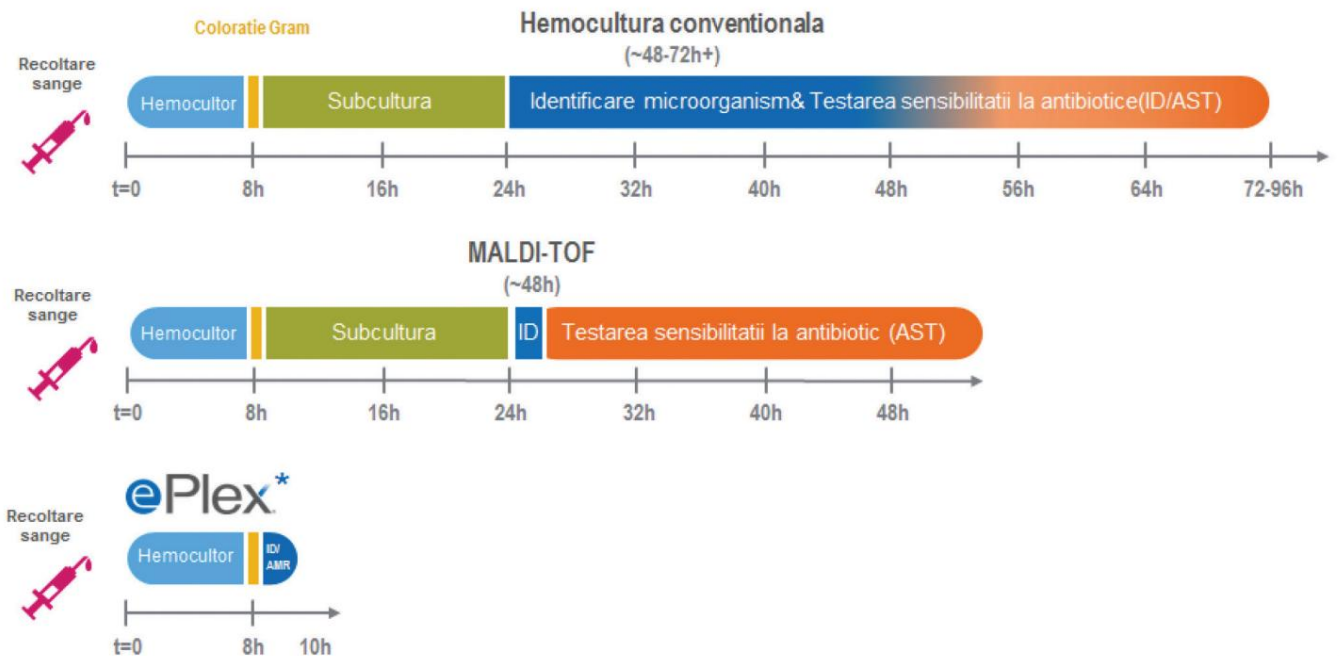
ePlex is the only system that significantly simplifies the diagnostic workflow, from sample collection to the final test report. ePlex offers unique solutions to solve the most important challenges facing clinical laboratories, while providing patient-centered healthcare.



Way of working

ePlex has an easy-to-use workflow that meets non-stop testing needs with constant levels of reporting.

- **The shortest period of time** for obtaining the result, compared to the other methods;
- **Bidirectional**, automated and accelerated LIS system for entering orders and reporting results;
- **Continuous access** to results, regardless of the large number of samples.



ePlex is the only platform that offers two-way database (LIS) capabilities, with sample traceability throughout the testing process to streamline and integrate workflow. The system consistently provides fast and clinically accurate results for the benefit of patients.

BENEFITS:



Reduced costs

Costs per patient will decrease, making savings by reducing the consumption of antibiotics, as well as by reducing the number of days of hospitalization by 2.5 days per patient.



Reducing the Duration of Antibiotic Therapy

The rapid results obtained with ePlex reduce the duration of antibiotic therapy by at least 13%.



Decrease in Mortality

10% increase in the survival rate. For every hour of delay in using effective treatment, mortality increases by up to 8%.



Patient Centered Care

ePlex provides fast and accurate test results for critically ill patients. The rapid diagnosis and the identification of the causative agents demonstrated the reduction of the targeted therapy time by 25 hours, giving the patient the chance of a quick recovery.



Rapid Treatment Decision'

20-30% of patients receive an initially ineffective antibiotic therapy in the absence of a quick result. ePlex covers a wide range of viral, bacterial and fungal organisms, helping doctors to make a quick and appropriate decision.



Rapid identification

The easy-to-use ePlex can be used on any tour, critical tests not having to wait until the morning. ePlex releases the result in 1.5 hours, being faster than conventional culture tests by at least 2 days.

ePlex® menu



Respiratory Pathogen Panel (RP)*

The most common clinically relevant viral and bacterial agents associated with upper respiratory tract infections.

Blood Culture Identification Panels^ (BCID-GP, BCID-GN, and BCID-FP)

The panels provide comprehensive coverage for the identification of sepsis-causing organisms, with a view to improving clinical outcomes and effective antibiotic administration.

Gastrointestinal (GI) Pathogen Panel†

Bacterial, viral and parasitic pathogens associated with gastrointestinal infections.

List of detected organisms [and their resistance genes].

(RP) Panel



Viral targets

Adenovirus
 Coronavirus (229E, HKU1, NL63, OC43)
 Middle East Respiratory Corona virus syndrome (MERS-CoV)
 Human Bocavirus
 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 A
 Respiratory Syncytial Virus B

Bacterial targets

Bordetella pertussis
 Chlamydia pneumoniae
 Legionella pneumophila
 Mycoplasma pneumoniae

(BCID-GP) Panel



Gram-Positive cells

Bacillus cereus group
Bacillus subtilis group
Corynebacterium
Cutibacterium acnes
Enterococcus
Enterococcus faecalis
Enterococcus faecium
Lactobacillus
Listeria
Listeria monocytogenes
Micrococcus
Staphylococcus
Staphylococcus aureus
Staphylococcus epidermidis
Staphylococcus lugdunensis
Streptococcus
Streptococcus agalactiae (GBS)
Streptococcus anginosus group
Streptococcus pneumoniae
Streptococcus pyogenes (GAS)

Genes of resistance] mecA
 mecC vanA vanB

Inte Pan

Pan Candida
 Pan Gram-Negative

(BCID-GN) Panel



Gram-Negative organisms

Acinetobacter baumannii
Bacteroides fragilis
Citrobacter
Cronobacter sakazakii
Enterobacter (non cloacae complex)
Enterobacter cloacae complex
Escherichia coli
Fusobacterium nucleatum
Fusobacterium necrophorum
Haemophilus influenzae
Klebsiella oxytoca
Klebsiella pneumoniae
Morganella morganii
Neisseria meningitidis
Proteus
Proteus mirabilis
Pseudomonas aeruginosa
Salmonella
Serratia
Serratia marcescens
Stenotrophomonas maltophilia
Resistance genes].
 CTX-M NDM IMP OXA
 KPC VIM

Inte Pan

Pan Candida
 Pan Gram-Positive

(BCID-FP) Panel



Inte Fungi

Candida albicans
Candida auris
Candida dubliniensis
Candida famata
Candida glabrata
Candida guilliermondii
Candida kefir
Candida krusei
Candida lusitanae
Candida parapsilosis
Candida tropicalis
Cryptococcus gattii
Cryptococcus neoformans
Fusarium
Rhodotorula

Gastrointestinal Panel

(GI)



Available soon



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