

RANDOX

1 SAMPLE • 1 TEST • 23 TARGETS

POINT OF CARE TESTING

URINARY TRACT INFECTION PANEL

- Sample to answer, cartridge based PCR testing.
- Suitable for in-clinic testing.
- Accuracy and speed advantage over traditional culture methods.
- Results in 2.5 hours.
- Detecting 16 uropathogens and 7 antimicrobial resistance genes.

DETECTABLE PATHOGENS		
GRAM-NEGATIVE BACTERIAL SPECIES	GRAM-POSITIVE BACTERIAL SPECIES	ANTIMICROBIAL RESISTANCE GENES
<i>Acinetobacter baumannii</i>	<i>Enterococcus faecalis</i>	TRIMETHOPRIM RESISTANCE
<i>Enterobacter cloacae</i>		<i>dfrA1</i>
<i>Escherichia coli</i>	<i>Staphylococcus aureus</i>	<i>dfrA5</i>
<i>Klebsiella aerogenes</i>	<i>Staphylococcus epidermidis</i>	<i>dfrA17</i>
<i>Klebsiella oxytoca</i>	<i>Staphylococcus saprophyticus</i>	<i>dfrA12</i>
<i>Klebsiella pneumoniae</i>		METHICILLIN RESISTANCE
<i>Morganella morganii</i>	<i>Streptococcus agalactiae</i>	<i>mecA</i>
<i>Proteus spp.</i>		VANCOMYCIN RESISTANCE
<i>Providencia stuartii</i>		<i>vanA</i>
<i>Pseudomonas aeruginosa</i>		<i>vanB</i>



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VIVALYTIC UTI

FOUR MAIN USE CASES

RANDOX

Uncomplicated UTI

- **Primary Care:** General Practitioner, Gynaecologist, Urologist
- **Patient Cohort:** Mostly female
- **Current Therapy:** Often dipstick analysis, No bacterial culture, Antibiotic treatment
- **Future Orientation of Market:** Rising antimicrobial resistance (AMR) underscores the need to reduce antibiotic use and utilize point-of-care (POC) tests for AMR and species identification

CA-UTIs

- **Hospital Setting:** Care facilities
- **Patient Cohort:** Patients in hospitals with Nephrostomy tube, intermittent catheters, suprapubic catheter, condom catheter (male)
- **Current Therapy:** Immediate treatment if patient is symptomatic, Necessary bacterial culture
- **Guidelines:**
 - EAU: CA-UTI is defined by microbial growth of $>10^3$ CFU/mL of one or more bacterial species
 - ISDA: Pyuria + $>10^3$ CFU/mL of one or more bacterial species; exception condom catheter, here $>10^5$ CFU/mL

Endoscopic Interventions - BPH

- **Hospital Setting**
- **Patient Cohort:** Male, Growing prevalence of BPH with age
- **Therapy:** Endoscopic intervention
- **Additional Therapy:** Identification of bacteriuria (via bacterial culture) and antibiotic treatment to prevent urosepsis in case of mucosal damage

Endoscopic Interventions - Renal Stones

- **Hospital Setting**
- **Patient Cohort:** Patients with stones not able to pass through the ureter
- **Therapy:** Endoscopic intervention (Uteroscopy (URS). Percutaneous nephrolithotomy (PCNL)
- **Additional Therapy EU (EAU):** Identification of bacteriuria (bacterial culture), Antibiotic prophylaxis to reduce the rate of symptomatic urinary infection