

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.”¹

Diagnostics that improve testing accuracy and patient management

- **Drive** appropriate treatment decisions with accurate, timely diagnoses¹
- **Enhance** the overall patient therapy and care experience
- **Strengthen** institutional, operations and financial results

Visit moleculardiagnosics.bd.com to find out how



BD MAX™ System



The Challenge

1.7
billion cases
globally
of childhood
diarrheal disease²

Globally,
Norovirus resulted
in a total of
\$4.2 billion
in direct health
system costs³

Diarrheal disease
is the
2nd leading
cause of death
in children under
5 years of age²

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.¹

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.⁴

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 hours⁵
- ▶ Decrease hands-on time for laboratory technicians versus traditional methods¹
- ▶ Control total cost of ownership by limiting indirect costs while simplifying your stool bench¹

BD offers tailored panels to address clinical needs and optimize results

Reportable targeted results per assay are listed below:

BD MAX™ Enteric Bacterial Panel	BD MAX™ Extended Enteric Bacterial Panel	BD MAX™ Enteric Parasite Panel	BD MAX™ Enteric Viral Panel	BD MAX™ Cdiff
<ol style="list-style-type: none">1. <i>Salmonella</i> spp.2. <i>Campylobacter</i> spp. (jejuni and coli)3. <i>Shigella</i> spp. / Enteroinvasive <i>E. coli</i> (EIEC)4. Shiga toxin 1 & 2 (<i>E. coli</i> [STEC])	<ol style="list-style-type: none">1. <i>Plesiomonas shigelloides</i>2. <i>Vibrio</i> (<i>V. vulnificus</i>, <i>V. parahaemolyticus</i>, and <i>V. cholerae</i>)3. Enterotoxigenic <i>E. coli</i> (ETEC)4. <i>Yersinia enterocolitica</i> <p>(mastermix only - must be run with Cat. 442963)</p>	<ol style="list-style-type: none">1. <i>Giardia lamblia</i>2. <i>Cryptosporidium</i> (<i>C. hominis</i> and <i>C. parvum</i>)3. <i>Entamoeba histolytica</i>	<ol style="list-style-type: none">1. Norovirus GI & GII2. Rotavirus A3. Adenovirus F40/414. Sapovirus (genogroups I, II, IV, V)5. Human Astrovirus (hAstro)	<ol style="list-style-type: none">1. <i>Clostridium difficile</i> toxin B gene (<i>tcdB</i>)
Cat: 442963	Cat: 443812	Cat: 442960	Cat: 443985	Cat. 443418

Implementation of timely and accurate detection of organisms can:⁴

- ▶ 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

1. Bauman M. Transitioning from culture to molecular: implementation and integration of BD Max Enteric Bacterial Panel at Cincinnati Children's Hospital. ADVANCE Healthcare website. http://laboratory-manager.advanceweb.com/SharedResources/Downloads/2015/051815/bd_advertorial.pdf. Updated June 2015. Accessed June 1, 2016.
2. World Health Organization. Diarrhoeal disease Fact sheet. <https://communitymedicine4asses.com/2017/05/01/who-updates-fact-sheet-on-diarrhoeal-diseases-1-may-2017/>. Updated May 2017. Accessed December 2018.
3. Bartsch et al. Global Economic Burden of Norovirus. Gastroenteritis, PLOS ONE, 2016. DOI:10.1371/journal.pone.0151219.
4. Powell S et al. The impact of molecular approaches to infection disease diagnostics. Medical Laboratory Observer website. <https://www.mlo-online.com/the-impact-of-molecular-approaches-to-infectious-disease-diagnostics.php>. Updated August 2, 2015. Accessed June 4, 2018.
5. Mortensen et al. BMC Clinical Pathology (2015) 15:9 DOI 10.1186/512907-015-0010-8.

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