

Unyvero Urinary Tract Infection (UTI) Panel†

For Research Use Only. Not for use in diagnostic procedures.

Fast and Simple Syndromic Testing with Sample-to-Answer Unyvero System

- ❖ **Rapid detection** – sample to result in under 5 hours
- ❖ **Direct from native specimen** – midstream, suprapubic and fresh catheter urines
- ❖ **PCR technology** – multiplex, broad spectrum of clinically relevant pathogens and antibiotic resistance markers associated with UTIs
- ❖ **Cartridge-based** – simple, easy to use
- ❖ **Random access** – scalable configuration



Urinary tract infections (UTIs) are a common health problem in both outpatient and inpatient settings

- ❖ UTIs account for more than 100,000 hospital admissions annually¹
- ❖ 30-44% of women will have a UTI recurrence within 6 months of initial infection²
- ❖ Left untreated, chronic UTIs cause ongoing, debilitating and life-changing symptoms³
- ❖ Complicated UTIs can lead to treatment failure and significant morbidity and mortality⁴
- ❖ UTIs are increasingly caused by multidrug-resistant organisms as a result of the overuse of empirical, broad-spectrum antibiotic therapy⁵

The emergence of multidrug-resistant pathogens — recognized as a healthcare threat of global proportions — is driving the need for rapid diagnosis and prudent use of antibiotics.

The Unyvero UTI panel simultaneously identifies a comprehensive range of pathogens and antibiotic resistance markers associated with urinary tract infections in <5 hours.

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1. J. E. Simmering, et al. The Increase in Hospitalizations for Urinary Tract Infections and the Associated Costs in the United States, 1998–2011. *Open Forum Infectious Diseases*. 2017. 2. J. J. Arnold, et al. Common Questions About Recurrent Urinary Tract Infections in Women. *American Academy of Family Physicians* 2016 www.aafp.org/afp. 3. Chronic Urinary Tract Infection Campaign 2018 <https://www.cutic.co.uk/what-is-chronic-uti/>. 4. A. Sabih et al. Complicated Urinary Tract Infections, updated July 17, 2020 ID: NBK436013PMID: [28613784](https://pubmed.ncbi.nlm.nih.gov/28613784/). 5. R. Paul, State of the Globe: Rising Antimicrobial Resistance of Pathogens in Urinary Tract Infections. *J Glob Infect Dis*. 2018 doi: [10.4103/jgid.jgid.104.17](https://doi.org/10.4103/jgid.jgid.104.17).

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BACTERIA	<i>Acinetobacter baumannii</i> complex	
	<i>Bacteroides</i> spp. / <i>Prevotella</i> spp.	
	<i>Citrobacter freundii</i> / <i>koseri</i>	
	Coagulase negative staphylococcus	
	<i>Corynebacterium urealyticum</i>	
	<i>Enterococcus</i> spp.	
	<i>Enterococcus faecalis</i>	
	<i>Enterococcus faecium</i>	
	Enterobacteriaceae	
	<i>Enterobacter cloacae</i> complex	
	<i>Escherichia coli</i>	
	<i>Klebsiella aerogenes</i> (<i>Enterobacter aerogenes</i>)	
	<i>Klebsiella oxytoca</i>	
	<i>Klebsiella pneumoniae</i>	
	<i>Klebsiella variicola</i>	
	<i>Proteus</i> spp.	
	<i>Providencia</i> spp.	
	<i>Pseudomonas aeruginosa</i>	
	<i>Staphylococcus aureus</i>	
	<i>Staphylococcus saprophyticus</i>	
<i>Streptococcus agalactiae</i>		
FUNGI	<i>Candida</i> spp.	
	<i>Candida albicans</i>	
	<i>Candida auris</i>	
	<i>Candida glabrata</i>	
RESISTANCE MARKERS	Oxacillin	<i>mecA</i>
	Glycopeptides	<i>vanA</i>
		<i>vanB</i>
	3 rd generation Cephalosporins	<i>ctx-M</i>
	Carbapenem	<i>imp</i>
		<i>kpc</i>
		<i>ndm</i>
		<i>oxa-23</i>
		<i>oxa-24</i>
		<i>oxa-48</i>
	Polypeptides / Polymyxins	<i>vim</i>
<i>mcr-1</i>		
Fluoroquinolones	<i>qnrB</i>	
	<i>qnrS</i>	
Sulfonamide	<i>sul1</i>	

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