



## PRODUCTS

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## VIDAS / MINIVIDAS: HEALTHCARE


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## VIDAS / MINIVIDAS: HEALTHCARE REAGENTS

Reagents for VIDAS® and miniVIDAS® instruments are available for the following applications. Click the heading to view the full list.

[Clinical Laboratories](#)[Clinicians and Administrators](#)

In addition, read more about our specialty reagents:

[VIDAS® D-Dimer](#)  
[VIDAS® B-R-A-H-M-S® PCT](#)  
[VIDAS® NT-pro BNP](#)  
[VIDAS® Troponin I Ultra](#)  
[VIDAS® Tumor Markers Panel](#)  
[VIDAS® C. difficile Toxins A & B](#)  
[VIDAS® Lyme IgG/IgM](#)

**[\\*Measles warning for Americans traveling abroad: How your lab can help](#)**

**[\\*NEW: VIDAS TOXO IgG Avidity Assay Test](#)**

## CLINICAL LABORATORIES

*Specialty biomarkers*

[VIDAS® B-R-A-H-M-S® PCT Brochure](#) – Diagnosis of bacterial infections and sepsis; rapid procalcitonin assay used with critically ill patients to assess risk for progression to severe sepsis and septic shock

*Infectious disease*

[C. difficile Toxins A & B \(CDAB\)](#)  
[VIDAS® Lyme IgG/IgM](#)

*Cardiac assays*

[Troponin I Ultra](#)  
[NT-pro BNP](#)  
[NT-pro BNP flyer](#)

*Coagulation*

[D-dimer](#)

[Reproductive hormones](#)

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## CLINICIANS AND ADMINISTRATORS

*Specialty biomarkers*

[VIDAS® B-R-A-H-M-S® PCT Brochure](#)

*Infectious disease*

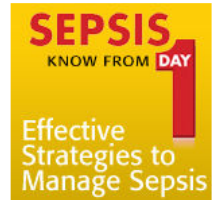
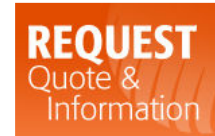
[C. difficile Toxins A & B \(CDAB\)](#)

*Cardiac assays*

[Troponin I Ultra](#)  
[NT-pro BNP](#)  
[NT-pro BNP flyer](#)

[Reproductive hormones](#)

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**VIDAS® D-DIMER EXCLUSION™**

The most referenced test for the exclusion of Venous Thromboembolism (VTE)  
 A proven ELISA technique  
 Expert validation in extensive prospective management clinical studies  
 First FDA cleared assay for exclusion of Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)  
 for outpatients with signs and symptoms of DVT and PE  
 Rapid turn around time to support emergency medicine needs  
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**VIDAS® D-Dimer  
 EXCLUSION™** Just One Test. A Clear Answer. The Right Choice



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**VIDAS® B-R-A-H-M-S® PCT**

*What if you had an extra piece of information to manage bacterial infections?*

In its early phase, bacterial infections and sepsis can be difficult to distinguish from non-bacterial infectious and/or inflammatory conditions. Moreover, assessing the progression of bacterial infection is sometimes a challenge. As a consequence, it may be difficult to make the appropriate clinical decision for individual patients.

*PROCALCITONIN: the "extra piece" which can make the difference*

Procalcitonin (PCT) is often increased during systemic bacterial infection and sepsis. This biomarker is now being recognized as a useful tool in the diagnostic process. It has been shown that PCT can contribute to optimization of antibiotic therapy and monitor treatment duration<sup>1</sup>.

VIDAS B-R-A-H-M-S PCT is an innovative procalcitonin assay. This assay is performed on the VIDAS system, which is fully adapted for emergency or stat conditions where rapid turnaround time is important.

[What is Sepsis?](#)

[What is PCT?](#)

**What is Sepsis?**

Definitions for the terms "SIRS", "sepsis", "severe sepsis" or "septic shock" have been proposed by the ACCP/SCCM consensus conference in 1992, and are now widely used (see table below 1).<sup>1</sup>

Table 1

**SIRS and sepsis definition  
(ACCP/SCCM-criteria)**

<b>SIRS</b> (Systemic Inflammatory Response Syndrome)	2 or more of the following criteria: <ul style="list-style-type: none"> <li>• Temperature &gt; 38°C or &lt; 36°C</li> <li>• Heart rate &gt; 90 beats/min</li> <li>• Respiratory rate &gt; 20 breaths/min or PaCO<sub>2</sub> &lt; 32 mm Hg (&lt;4.3 kPa)</li> <li>• WBC &gt; 12 000 cells/μL or &lt; 4 000 cells/μL or &gt; 10% immature (band) forms</li> </ul>
<b>Sepsis</b>	Documented infection together with 2 or more SIRS criteria
<b>Severe Sepsis</b>	Sepsis associated with organ dysfunction, including, but not limited to, lactic acidosis, oliguria, hypoxemia, coagulation disorders, or an acute alteration in mental status.
<b>Septic Shock</b>	Sepsis with hypotension, despite adequate fluid resuscitation, along with the presence of perfusion abnormalities. Patients who are on inotropic or vasopressor agents may not be hypotensive at the time when perfusion abnormalities are detected.

**Clinical need for earlier detection of sepsis**

Early detection and specific clinical intervention has been shown to be crucial for the improved outcome of patients with sepsis. However, sepsis can be difficult to distinguish from other, non-infectious conditions in critically ill patients with clinical signs of acute inflammation and negative microbiological results. Therefore, in the early phase of the disease process it may be difficult to decide on the appropriate therapeutic measures for the individual patient.

Additional specific information may be helpful to increase the accuracy of sepsis diagnosis at an early stage. A parameter which fulfills these demands to a high degree is procalcitonin.

**Fast and highly specific PCT increase in bacterial infection and sepsis**

One major advantage of PCT compared to other parameters is its early and highly specific increase in response to severe systemic bacterial infections and sepsis.<sup>2,3</sup> Therefore, in septic conditions, increased PCT levels can be observed 3-6 hours after an infectious challenge.

PCT levels are usually low in viral infections, chronic inflammatory disorders or autoimmune processes. PCT levels in sepsis are generally greater than 0.5-2 ng/mL and often reach values between 10 and 100 ng/mL, or considerably higher in individual cases, thereby enabling diagnostic differentiation between these various clinical conditions and a severe bacterial infection (sepsis) (Figure 1).

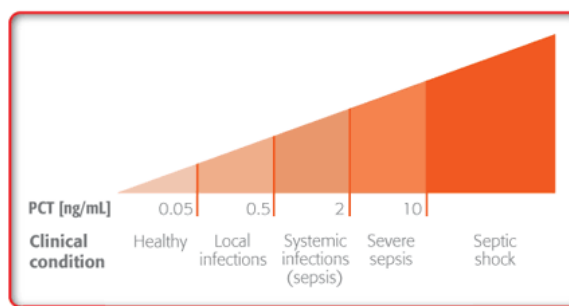


Figure 1 PCT increase reflects the continuous development from a healthy condition to the most severe states of disease (severe sepsis and septic shock).

1. Bone RC, Balk RA, Cerra FB, Dellinger RP, Fein AM, Knaus WA, Schein RM, Sibbald WJ. Definitions for sepsis and organ failure and guidelines for the use of innovative therapies in sepsis. The ACCP/SCCM Consensus Conference Committee. American College of Chest Physicians/Society of Critical Care Medicine. Chest 1992; 101: 1644-55.
2. Harbarth S, Holeckova K, Froidevaux C, Pittet D, Ricou B, Grau GE, Vadas L, Pugin J; Geneva Sepsis Network. Diagnostic value of procalcitonin, interleukin-6, and interleukin-8 in critically ill patients admitted with suspected sepsis. Am J Respir Crit Care Med. 2001; 164: 396-402.
3. Muller B, Becker KL, Schachinger H, Rickenbacher PR, Huber PR, Zimmerli W, Ritz R. Crit Care Med. 2000; 28: 977-83. Calcitonin precursors are reliable markers of sepsis in a medical intensive care unit.

What is PCT?

PCT is the prohormone of calcitonin (CT). Whereas CT is secreted by the C-cells of the thyroid after hormonal stimulation, PCT can be produced by numerous cell types and organs after proinflammatory stimulation, especially when caused by bacterial challenge.<sup>1</sup>

In healthy people, plasma PCT concentrations are found to be below 0.05 ng/ml, but can increase up to 1,000 ng/ml in patients with severe sepsis or septic shock.

Elevated PCT levels indicate bacterial infection accompanied by a systemic inflammatory reaction.

Localized infections do not generally cause circulating PCT increases. Slightly elevated PCT concentrations are observed in bacterial infections with minor systemic inflammatory response.

Very high values have been observed during acute disease conditions with severe systemic reactions to infection, in cases of severe sepsis or septic shock.

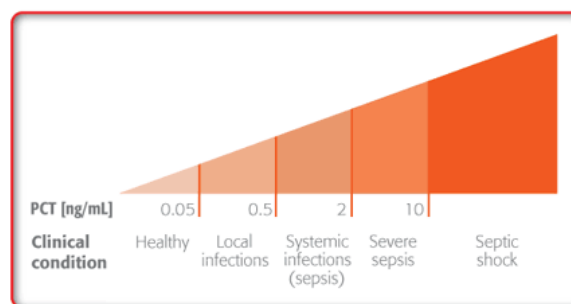


Figure 1 PCT increase reflects the continuous development from a healthy condition to the most severe states of disease (severe sepsis and septic shock).

<sup>1</sup> Christ-Crain M, Müller B. Procalcitonin in bacterial infections – hype, hope or more or less? Swiss Med Wkly 2005; 135: 451-60.

Visit [Sepsis Know From Day One](#) and listen to our podcast series, an educational series that provides a forum for scientific exchange and the sharing of experiences to help in the understanding and management of patients suspected of having sepsis.

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### VIDAS® NT-PROBNP

An effective tool to improve the diagnosis of heart failure  
Wide range of detection limits  
Rapid turn around time to support emergency medicine needs

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### VIDAS® TROPONIN I ULTRA

For patients arriving at the Emergency Department with chest pain  
One of the first assays in the market to be traceable to the Troponin I certified reference (SRM 2921)  
High clinical sensitivity at the 99<sup>th</sup> percentile (<0.01 µg/l) for early detection of myocardial infarction (MI)  
Rapid turn around time to support emergency medicine needs

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### VIDAS® TUMOR MARKERS PANEL

The VIDAS range of tumor markers offers you a rapid, automated and reliable solution to meet all your clinicians' main requirements.  
Sensitivity levels that ensure you obtain reliable results, even at low concentrations  
The level of quality for VIDAS tests is regularly checked through external quality control surveys  
VIDAS continuously performs a large number of self-tests to ensure a consistent level of quality  
Our Equimolar TPSA assay is calibrated against the STANFORD standard

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#### VIDAS® C. DIFFICILE TOXINS A & B

Identify and treat infected patients quickly  
Initiate prompt containment procedures  
Avoid unnecessary patient isolation, particularly for elderly patients

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#### VIDAS® LYME IGG/IGM

Especially during summer months, when patients are most vulnerable and concerned about Lyme Disease:

Is your laboratory providing quick answers?  
Are you wasting too much time with multi-step laborious procedures?  
Are you just waiting for results from your reference labs?

VIDAS® Lyme IgG/IgM can help you provide quick answers and improve your work flow and turn-around time.

VIDAS® Lyme IgG/IgM 30298-01  
Results in 35 minutes  
Automated assay  
All reagents, calibrators, and controls are provided in the assay kit  
Most reported assay in Lyme CAP survey (TTD-B 2010)

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