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bioMérieux Connection

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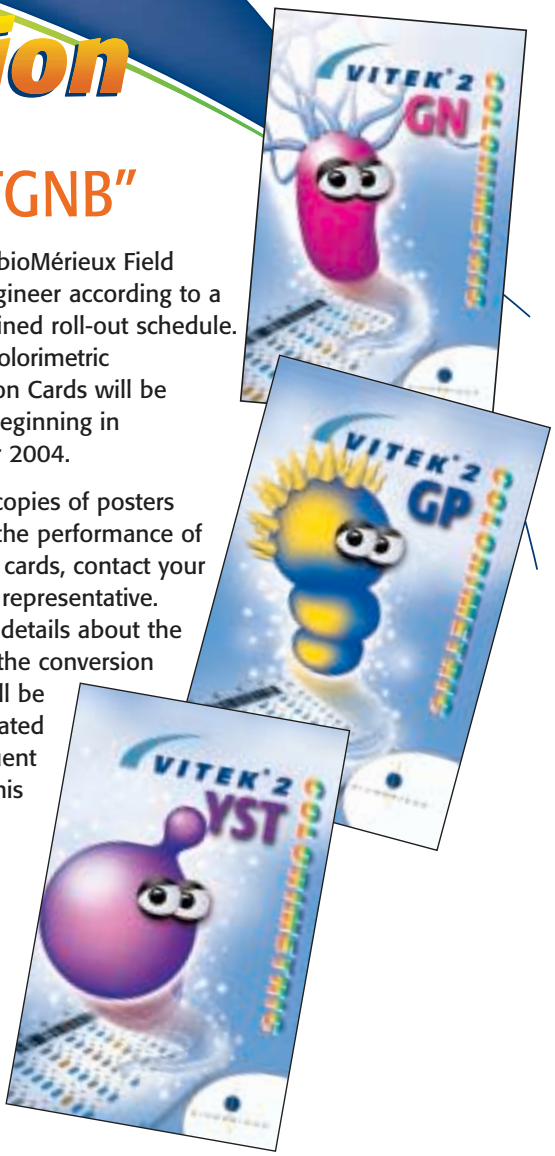
Say Good-bye to "VNFGNB"

VITEK® 2 IDs will soon be converted from fluorescent biochemicals and optics to colorimetric biochemicals and optics. This major change in the underlying technology of VITEK 2 Identifications is being implemented in response to customer requests for better discrimination within the gram negative non-fermenter group. In the quest to address this concern, bioMérieux's Research and Development Team has created a system that not only eliminates "VNFGNB" call but also gives VITEK 2 the most extensive identification data base of any rapid system. We have named these new cards the VITEK 2 Colorimetric Identification Cards.

The optics on your system will need to be changed. All U.S. VITEK 2 instruments will be upgraded to the new optics between July and December 2004. The new optics will be installed by your local bioMérieux Field Service Engineer according to a predetermined roll-out schedule. The new Colorimetric Identification Cards will be available beginning in September 2004.

To obtain copies of posters reviewing the performance of these new cards, contact your local sales representative. Additional details about the cards and the conversion process will be communicated in subsequent issues of this newsletter.



Integrated Solutions:
The Combination to Unlock Your Potential

ASM 2004

Watch for the next issue of *bioMérieux Connection* for a recap.

From The Editor

Welcome to the first issue of *bioMérieux Connection*. We will publish this newsletter regularly to provide important product information and updates, technical updates, information about upcoming events and more, all in one place. We hope you find it interesting and informative.

At bioMérieux we recognize that our success has as much to do with how well we collaborate with our customers as our ability to bring you innovative products. This collaboration requires an open exchange of information. We depend on your feedback, and we want to be sure you have the latest information with which to work.

Please share your comments and suggestions with us through your local sales representative or by emailing us at biomerieux.connection@na.biomerieux.com. And thank you for being a bioMérieux customer.

BIOMÉRIEUX

from diagnosis,
the seeds of better health

Introducing the New VIDAS® Data Station

bioMérieux is pleased to introduce the next generation in VIDAS® instrument technology: the VIDAS® Data Station. The VIDAS Data Station consists of a PC-based CPU with Windows® interface, space-saving flat-screen monitor, inkjet printer and barcode scanner. It provides a new level of user friendliness and extends the value of your VIDAS 30 system.

Benefits for VIDAS 30 system users include:

- Easy to use Windows®-based system – single-click navigation with user-friendly graphic interface
- Reliable quality control – management of internal and external controls with graphical presentation
- Increased security – meets HIPAA guidelines with improved user management (who did what)

All VIDAS 30 systems can be upgraded to the new VIDAS Data Station. This upgrade is available to support your Infectious Disease and Immunochemistry testing needs now and in the future. With single-click navigation, the VIDAS Data Station makes batch testing and random access testing easier. It even has newer modules specific to management of emergency tests or STAT testing.

Please contact bioMérieux or your local bioMérieux sales representative for more information.

New Software Update for VIDAS®/miniVIDAS®

bioMérieux is introducing a software update for your VIDAS® instrument. This software will enable the use of a new test strip: VIDAS QCV (product #30706).

Like VIDAS QCT (product #30500), VIDAS QCV tests the operation of your VIDAS system. VIDAS QCV replaces VIDAS QCT, which we are discontinuing. Results are produced in less than 20 minutes.

You will need to install the appropriate software version in order to run the new VIDAS QCV strip:

- miniVIDAS update kit, Version 5.0.0
- VIDAS PC (Data Station) update kit, Version 3.0.0
- VIDAS CC update kit, Version 6.2.0
- VIDAS NC2 update kit, Version 6.2.0

If you have not received the appropriate version of the new software, please contact your bioMérieux representative. When you order your next shipment of VIDAS QCT, please replace item number 30500 (VIDAS QCT) with 30706 (VIDAS QCV). If you have any questions, please contact Customer Service at 800-682-2666.

VIDAS® D-Dimer Exclusion™

Catchy New Name, Same Great Assay

Look for a new name on your VIDAS® D-Dimer New kit starting in May 2004. bioMérieux has changed the name to VIDAS D-Dimer Exclusion™. The new name reflects the intended use of this "gold standard" assay, which the U.S. Food and Drug Administration recently cleared to exclude a diagnosis of Deep Vein Thrombosis (DVT) in conjunction with only a pretest probability assessment and no other testing in low- to moderate-probability outpatients.

What does this intended use mean to laboratorians and clinicians? It means you have more than 50 peer-reviewed publications with studies covering more than 11,000 patients, including four prospective management studies, as well as an FDA-cleared 510(k) supporting the safety of using VIDAS D-Dimer Exclusion to exclude the diagnosis of DVT in your Emergency Department patients. VIDAS D-Dimer Exclusion is the only D-dimer assay available in the U.S. marketed with the confidence of this claim. If you are using VIDAS D-Dimer Exclusion, you are using the best.

VIDAS D-Dimer Exclusion is the same great kit you have been used to. Only the name has changed. You still have the easy-to-use single-dose VIDAS format; automated ELISA results in under one hour; a well-validated, published cutoff; and CVs under 4%, with sensitivities and negative predictive values (NPVs) of >99%.*

Watch this newsletter for news about expanded intended uses for VIDAS D-Dimer Exclusion.

*See package insert.

Catchy New name
Same Great Product

Answers about VITEK® Legacy Cards

Currently available cards are shown on pages 8 and 9

A letter regarding new VITEK® Legacy cards (December 2003) has generated questions and comments from our customers. Based on your feedback, we have decided to extend the discontinuation date for certain cards.

Please note:

- GNS-204 & GNS-206 (outpatient/urine isolate cards) are not being discontinued at this time.
- GNS-122 & GNS-127 (extension pair) are not being discontinued at this time.
- GPS-105, GPS-106 & GPS-107 will be retained until the end of 2004.

In addition to the new configurations included in the December letter, we have added two Gram negative susceptibility cards that contain Gatifloxacin. These cards are GNS-144 and GNS-145. All the currently available cards are shown on pages 8 and 9.

bioMérieux realizes that there is considerable work associated with changing VITEK cards. However, because antibiotic usage patterns change and new antibiotics are regularly introduced, there will always be a need to create new card configurations to replace outdated ones. Our goal in all of this is to help you provide clinicians with the information they need to provide the best patient care.

bioMérieux is committed to keeping our VITEK and VITEK® 2 product lines up-to-date with new antibiotics. We welcome your feedback about configurations of new cards to accommodate new antibiotics, meet NCCLS requirements and reflect institutional formulary practices.

Things to Note with New VITEK® Legacy Susceptibility Cards

It is good laboratory practice to always review the package insert of a new VITEK® susceptibility card. The package insert contains valuable information about the antibiotics on the card. This includes the reportable MIC ranges, QC organisms and their expected QC results, indications for use and reporting limitations, if any. This information will assist you in configuring your VITEK/VITEK 2 and the laboratory information system (LIS) for reporting patient results.

For example, if you are testing one of bioMérieux's new Gram positive susceptibility cards containing Gatifloxacin, Linezold, Moxifloxacin or Quinupristin/Dalfopristin (Syncerid), you may want to build a VITEK/VITEK 2 CAR rule to suppress the antibiotic from reporting on organisms not listed in the manufacturers' indications for use.

Example indications from a VITEK Legacy GPS package insert:

Gatifloxacin	*S. aureus, S. saprophyticus*
Linezolid	*Staphyloccus* spp., *Enterococcus* spp., *S.agalactiae*
Moxifloxacin	*S. aureus*
Quinupristin/Dalfopristin	*MSSA*, S. epidermidis, S. agalactiae, VREF ***

* MSSA = Methcillin-susceptible *S. aureus*
** VREF = Vancomycin-resistant *E. faecium*

All other organisms should be suppressed using CAR rules.

If you need assistance writing suppression rules for any of these new antibiotics, please contact VITEK Customer Service, 800-682-2666 (Selections 3, 1, 1).

ESßL Cards for VITEK® 2 Coming Soon

The clinical trials are complete for the VITEK® 2 ESßL confirmatory, and the results are very good. This confirmatory test will allow laboratories to notify clinicians of the detection of this important resistance mechanism the same day the organism is isolated. The configuration of cards with this test will be in the next issue of this newsletter. Stay tuned for more on this significant development.

VITEK® and VITEK® 2 Software Update

bioMérieux is committed to delivering annual software updates to VITEK® and VITEK® 2 users. Software updates contain a variety of modifications and improvements for the VITEK and VITEK 2 systems. For example, software updates may contain:

- A firmware update to improve instrument reliability
- Analysis software for new antibiotics
- Analysis software to improve a current antibiotic's performance
- Analysis changes for ID cards
- An update to the Expert rules or AES database
- Software bug fixes

VITEK Updates:

VTK-R07.02

- Mailed to customers mid-2003
- New Gram positive antibiotics
- New Gram negative antibiotics
- Updated Expert rules
- GNI+ analysis improvements
- Software bug fixes

VTK-R09.01

- Mailing started in March 2004
- All customers should receive by June 2004
- New Gram positive antibiotics
- New Gram negative antibiotics
- GPI analysis improvements
- QC result updates
- Software bug fixes
- New manuals

VTK-R10.01

Scheduled for 2005

VITEK 2 Updates:

VT2-R03.01

- Installed by bioMérieux 2003
- Firmware and Hardware upgrades to improve instrument reliability
- New Gram positive antibiotics
- New Gram negative antibiotics
- New *Strep. pneumoniae* antibiotics
- AES update
- ID-GNB and ID-GPC analysis improvements
- Updated On-line Help and Product Information
- Software bug fixes

VT2-R03.02

- Mailed March 2004
- New Gram positive antibiotics
- Software bug fix

VT2-R04.01

- Mailing scheduled for late summer 2004
- Analysis software for new Colorimetric ID GN, GP, YST cards
- New antibiotics
- Firmware upgrades to further improve instrument reliability
- New TX3 optic (transmittance optic) for reading colorimetric ID's

Frequently Asked Questions: VT2-R04.01

1. When will I receive the software?
The software mailing is scheduled for late summer. Customers will load the software. The optics will be installed by a bioMérieux Field Service Engineer after the VT2-R04.01 software has been loaded.

2. What are the replacement card names?

NEW	***GN***	***GP***	***YST***
OLD	*ID-GNB*	*ID-GPC*	*ID-YST*

3. When can I start using the new GN, GP, and YST colorimetric ID cards?
The new colorimetric ID's will be available for purchase starting the fall of 2004. You must have both the VT2-R04.01 software and the new TX3 optics installed to run the new colorimetric cards.

4. When will the new optics be installed?
Your local bioMérieux Client Consultant and Field Service Engineer will contact you to schedule the optics upgrade. Optic upgrades will begin September and will continue through January.

5. Can I run both the old ID's and the new ID's at the same time?
Yes. The fluorescence and TX3 optics can co-exist in the instrument. This allows flexibility during your transition from one card to another. The fluoresescence optic will be removed by a bioMérieux Field Service Engineer during a future preventative maintenance visit.

6. When will the current ID-GNB, ID-GPC and ID-YST cards be discontinued?
Tentatively scheduled for Q1'05. A definite date will be set once the software and optic installations begin.

Frequently Asked Questions continued on page 8

Important Product Notification

Better Quality Control for VITEK® and VITEK® 2 Cards

After reviewing internal and customer Quality Control (QC) trending data, bioMérieux has made changes to the expected QC results for certain VITEK® and VITEK® 2 cards. The changes increase the reproducibility of the expected QC and will result in greater success in QC testing of these products.

If you are using these cards in conjunction with the Quality Control program, you can use the 'Comment' option within that program and state that the expected result has been changed to a +/- reaction by bioMérieux.

The changes are effective immediately and will be made in a future software release for both the QC program and the "Pinsert." You should store this information with your Quality Control records.

VITEK: GPI (V1305) and GNI+ (V1316)

Product	Organism	Biochemical	Original Result	New Result
GNI+	*L. adecarboxylata* ATCC 23216	Malonate	+	+/-
GNI+	*K. pneumoniae* ATCC 13883	p-Coumaric	-	+/-
GPI	*S. xylosus* ATCC 29971	Arabinose	+	+/-

VITEK 2: ID-GPC (21313)

Product	Organism	Biochemical	Original Result	New Result
ID-GPC	*E. casseliflavus* ATCC 700327	BGUR	-	+/-
ID-GPC	*S. aureus* ATCC 29212	d-Raffinose	-	+/-
ID-GPC	*S. lugdunensis* ATCC 700328	d-Raffinose	-	+/-
ID-GPC	*S. sciuri* ATCC 29061	d-Raffinose	-	+/-

VITEK 2: ID-YST (21314)

Shaded areas indicate recent ID-YST changes to expected reactions

		Candida kefyr	*Candida lusitaniae*	*Candida tropicalis*	*Candida utilis*	*Cryptococcus neoformans*	*Prototheca wickerhamii*	*Trichosporon mucoides*
	ATCC=	204093	34449	201380	9950	204092	16529	204094
Well #	Test							
2	ACTa	+	V	-	V	-	V	-
3	ADOa	V	V	+	-	V	-	V
4	dTREa	-	+	+	V	-	V	V
5	NAGa	-	+	+	V	V	V	+
6	dCELa	V	+	V	V	-	V	+
7	DULa	-	-	-	-	V	-	+
10	dGALa	+	+	+	-	V	V	+
12	dGLUa	+	+	+	+	+	V	+
13	LACa	+	-	-	-	-	V	+
14	MAdGa	-	-	+	-	-	-	+
15	dMALa	-	+	+	+	V	-	+
18	dMANa	V	+	+	-	V	-	+
19	dMELa	-	-	-	-	-	-	+
20	dMLZa	-	+	+	+	-	-	V
21	PLEa	-	+	+	+	V	V	+
22	dRAFa	+	-	-	+	-	V	+
23	IRHAa	-	+	-	-	-	-	+
26	SACa	+	+	+	+	V	-	+
27	SALa	V	+	-	V	-	-	+
28	ISBEa	-	+	V	-	-	-	V
29	dSORa	V	+	+	-	V	-	V
30	NO3a	-	-	-	+	-	-	V
31	GlyA	+	+	V	+	V	+	+
34	CITa	+	+	+	+	V	-	V
35	dGATa	-	-	-	V	+	-	+
36	dGNTa	-	V	V	V	-	-	+
37	HypA	-	+	-	-	-	-	-
38	LATa	+	V	V	+	-	V	+
39	MMESa	V	+	V	V	-	V	+
42	SUCTa	V	+	+	V	-	-	V
43	AGAL	-	-	V	-	-	-	+
44	AGLU	-*	+	+	+	V	V	+
45	AMAN	-	+	+	+	V	-	V
46	BGAL	V	V	-	-		-	+*
47	BGLU	+	+	+	+	+	-	+
50	BGUR	-	-	-	-	+	-	+
51	BNAG	-	-	-	-	+	-	+
52	LAA	+	+	+	+	V	-*	+
53	BXYL	V	+	-	+	V	-	+
54	PHOS	+	V	V	V	V	-	V
55	GGT	-	-	-	-	-	-	+
59	HisA	-	V	+	V	-	-	V
60	IleA	+	V	V	V	-	V	V
61	ProA	-	+	-	V	-	V	V
62	ValA	+	V	V	+	V	V	V
63	URE	-	-	-	V	+	-	V

*Occasional questionable reactions may be observed

The Impact of Medical Errors on U.S. Health System

Medical errors have been discussed prominently in the media. What is the scope and impact of the problem on U.S. health-care systems?

Here's a summary:

- 5.7% of hospital admissions acquired an infection while in the hospital (Haley, et al., 1985).
- Medicare only reimburses an additional 5% above the Diagnostic Related Group (DRG) for hospital-acquired infections.
- 2.43% - 6.5% of admissions resulted in an adverse drug event (Bates, et al., 1995, and Classen, et al.,1997, respectively). Adverse drug events increased length of stay (LOS) by 4.6 days or $2,000 to $4,600 for each event (Bates, et al., 1997).
- 3.7% of hospital admissions in the "The Utah-Colorado Hospitals Study" (1992) experienced an adverse event. 8.8% of adverse events led to death in the Utah-Colorado hospital study. Adverse events are defined as injuries caused by medical management. Preventable adverse events were calculated at 53% (Thomas 2000).
- One study by Clinical Initiatives Center in 1999 cited a 400-bed, 15,500-admission hospital that spent $16,400,000 extra to address complications arising as a result of adverse events. This represented 2.5% of the hospital's total operating budget.

Because of news reports on hospital-acquired infections (HAI) and adverse drug events, patients are potentially much more concerned about going into a hospital. Asking family and friends for advice about which physicians to choose is becoming much more common for patients. So is asking which hospitals are the best for different types of procedures or treatments and where to go to be treated and feel confident of returning home without some other injury secondary to the reason for hospitalization.

Previously this questioning was done anecdotally. With the advent of the web, consumers have new options. Some states have started to post comparative statistics or outcomes by disease state for each hospital. A national initiative to compare hospitals is being discussed. This effort poses both a risk and an opportunity. The opportunity is to strengthen your hospital's brand image via improved metrics on quality.

Much has been done to reduce the risk of medical error, but much more remains to be done. The foundation of any quality program is a change in culture, followed by implementation of the solutions. There are many success stories and new enabling technologies coming. Look for exciting product news in next month's issue of this newsletter.

OBSERVA™ for BacT/ALERT® Simplifies Complex Data Management

OBSERVA™, a new data management system for the BacT/ALERT® 3D microbial detection system has been released in the U.S. The system replaces BacT/VIEW® and is now included with the Signature™ configuration of BacT/ALERT 3D. bioMérieux will continue to sell, service and support BacT/VIEW for the foreseeable future, but current customers can upgrade to OBSERVA, if they wish.

OBSERVA provides a complete suite of management tools designed to simplify access to data and improve daily workflow. The main screen offers bottle status at a glance, intuitive tab navigation and "favorites" buttons to provide direct access to key information and tasks. Database searches and queries are easier than ever before, with an intuitive sentence-structure query builder. OBSERVA can be easily customized to adapt to the level of data management needed and the laboratory's interfacing requirements. The system has been developed with leading-edge technology and serves as bioMérieux's foundation for future evolutions in microbiology software.

For more information about OBSERVA, to arrange an in-lab demo or to request pricing, please contact your local bioMérieux sales representative or call Customer Service at 1-800-682-2666 (Selections 3, 3, 1).

OBSERVA™

FDA Clears BacT/ALERT® BPA and BPN Culture Bottles to Test Whole Blood Platelet Concentrates

BacT/ALERT® BPA and BacT/ALERT® BPN culture bottles have received 510(k) clearance from the U. S. Food and Drug Administration Center for Biologics Evaluation and Research (FDA-CBER) covering quality control testing of leukocyte-reduced single units of whole blood platelet concentrates (WBPC). The bottles already have FDA clearance for quality control testing of leukocyte-reduced apheresis platelets (LRAP's).

Updated package inserts will be included in each case of BacT/ALERT BPA and BPN culture bottles beginning in May 2004. In the meantime, the updated package inserts are available from your local sales representative or by calling Customer Service at 1-800-682-2666 (Selections 3, 3, 1). You also can download a copy from bioMérieux's website (www.biomerieux-usa.com) from the Industry Products technical library.

VITEK® LEGACY GRAM NEGATIVE CARDS

Extension Card	Extension Card	Outpatient Card	Outpatient Card	Systemic Card	Systemic Card	Systemic Card
GNS-122 V4354	GNS-127 V4362	GNS-204 V4526	GNS-206 V4263	GNS-128 V4490	GNS-129 V4491	GNS-130 V4492
Ampicillin	Amoxicillin/Clav Acid	Ampicillin	Ampicillin	Ampicillin	Ampicillin	Ampicillin
Ampicillin/Sulbactam	Ticarcillin	Amoxicillin/Clav Acid	Amoxicillin/Clav Acid	Ampicillin/Sulbactam	Ampicillin/Sulbactam	Ampicillin/Sulbactam
Piperacillin	Ticarcillin/Clav Acid	Carbenicillin	Carbenicillin	Piperacillin/Taz.	Piperacillin/Taz.	Piperacillin/Taz.
Piperacillin/Taz.	Cephalothin	Ticarcillin/Clav Acid	Ticarcillin	Aztreonam	Ticarcillin/CA	Cefazolin
Cefazolin	Cefotetan	Cefazolin	Cefazolin	Cefazolin	Cefazolin	Cefuroxime
Cefuroxime	Cefoxitin	Cephalothin	Cefoxitin	Ceftriaxone	Ceftriaxone	Ceftriaxone
Ceftazidime	Cefotaxime	Ceftriaxone	Ceftriaxone	Cefepime	Cefepime	Cefepime
Ceftriaxone	Ceftizoxime	Cefuroxime	Cefuroxime	Imipenem	Imipenem	Imipenem
Cefepime	Cefpodoxime	Ciprofloxacin	Ciprofloxacin	Amikacin	Amikacin	Amikacin
Imipenem	Meropenem	Levofloxacin	Levofloxacin	Gentamicin	Gentamicin	Gentamicin
Aztreonam	Tetracycline	Norfloxacin	Ofloxacin	Tobramycin	Tobramycin	Tobramycin
Ciprofloxacin	Levofloxacin	Gentamicin	Gentamicin	Ciprofloxacin	Ciprofloxacin	Ciprofloxacin
Gentamcin	Ofloxacin	Tobramycin	Tobramcyin	Levofloxacin	Levofloxacin	Levofloxacin
Tobramycin	Norfloxacin	Minocycline	Tetracyline	Nitrofurantoin	Nitrofurantoin	Nitrofurantoin
Nitrofurantoin	Amikacin	Naladixic Acid	Naladixic Acid	Trimethoprim/Sulfa	Trimethoprim/Sulfa	Trimethoprim/Sulfa
Trimethoprim/Sulfa	Chloramphenicol	Nitrofurantoin	Nitrofurantoin	Confirmatory ESBL	Confirmatory ESBL	Confirmatory ESBL
		Trimethoprim/Sulfa	Trimethoprim/Sulfa			

Systemic Card	Systemic Card	Systemic Card	Systemic Card	Systemic Card	Systemic Card	Systemic Card
GNS-131 V4493	GNS-132 V4494	GNS-133 V4495	GNS-134 V4496	GNS-135 4497	GNS-136 V4498	GNS-137 V4499
Ampicillin	Ampicillin	Ampicillin	Ampicillin	Ampicillin	Ampicillin	Ampicillin
Ampicillin/Sulbactam	Ampicillin/Sulbactam	Ampicillin/Sulbactam	Ampicillin/Sulbactam	Ampicillin/Sulbactam	Ampicillin/Sulbactam	Ampicillin/Sulbactam
Piperacillin/Taz.	Piperacillin/Taz.	Piperacillin/Taz.	Piperacillin/Taz.	Piperacillin/Taz.	Piperacillin/Taz.	Piperacillin/Taz.
Aztreonam	Ticarcillin/CA	Cefazolin	Aztreonam	Ticarcillin/CA	Cefazolin	Aztreonam
Cefazolin	Cefazolin	Cefuroxime	Cefazolin	Cefazolin	Cefuroxime	Cefazolin
Ceftriaxone	Ceftriaxone	Ceftriaxone	Cefotaxime	Cefotaxime	Cefotaxime	Cefotaxime
Ceftazidime	Ceftazidime	Ceftazidime	Cefepime	Cefepime	Cefepime	Ceftazidime
Imipenem	Imipenem	Imipenem	Meropenem	Meropenem	Meropenem	Meropenem
Amikacin	Amikacin	Amikacin	Amikacin	Amikacin	Amikacin	Amikacin
Gentamicin	Gentamicin	Gentamicin	Gentamicin	Gentamicin	Gentamicin	Gentamicin
Tobramycin	Tobramycin	Tobramycin	Tobramycin	Tobramycin	Tobramycin	Tobramycin
Ciprofloxacin	Ciprofloxacin	Ciprofloxacin	Ciprofloxacin	Ciprofloxacin	Ciprofloxacin	Ciprofloxacin
Levofloxacin	Levofloxacin	Levofloxacin	Levofloxacin	Levofloxacin	Levofloxacin	Levofloxacin
Nitrofurantoin	Nitrofurantoin	Nitrofurantoin	Nitrofurantoin	Nitrofurantoin	Nitrofurantoin	Nitrofurantoin
Trimethoprim/Sulfa	Trimethoprim/Sulfa	Trimethoprim/Sulfa	Trimethoprim/Sulfa	Trimethoprim/Sulfa	Trimethoprim/Sulfa	Trimethoprim/Sulfa
Confirmatory ESBL	Confirmatory ESBL	Confirmatory ESBL	Confirmatory ESBL	Confirmatory ESBL	Confirmatory ESBL	Confirmatory ESBL

Frequently Asked Questions continued from page 4

7. Why did bioMérieux make the change from fluorescence to colorimetric?
Think about the technological advances in the past 10 years - computers, cell phones, TVs, etc. The same velocity of advances was also seen in optic technology. bioMérieux now has a broader range of optic choices than we had 10 years ago when the VITEK 2 was first being developed. bioMérieux was able to take advantage of these advances and re-develop our ID cards. With this redevelopment, the ID cards now have an expanded database. The VITEK 2 colorimetric ID's are not a return to old technology or VITEK technology. The new optics allow for multiple detection options, multiple colors, turbidity, etc. The new optics are more robust than the current fluorescence optics, improving instrument reliability.

8. What about a card for fastidious organisms?
bioMérieux is currently developing a fastidious card.

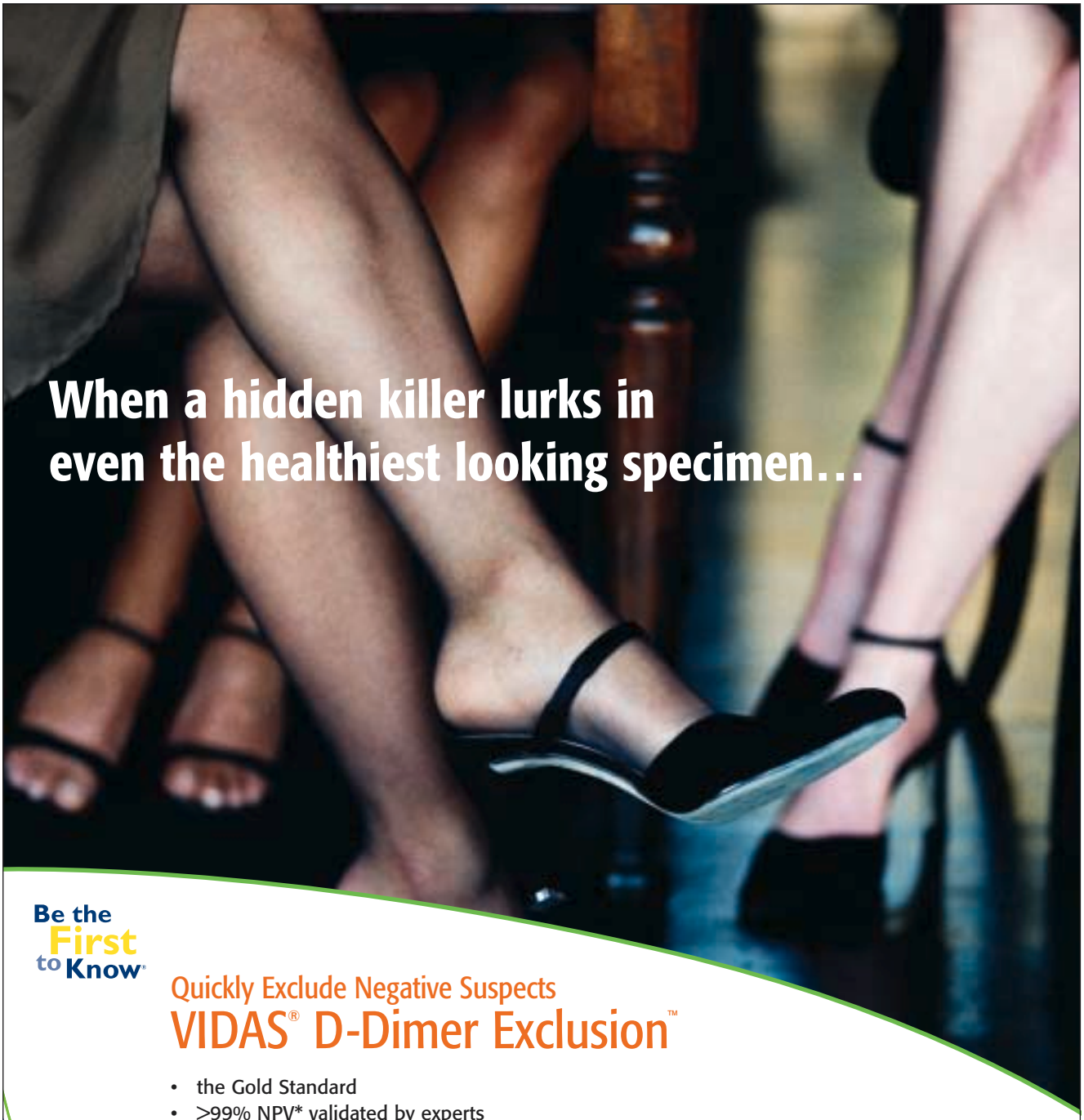
VITEK LEGACY GRAM NEGATIVE CARDS

Systemic Card	Systemic Card	Systemic Card	Systemic Card	Systemic Card	Systemic Card
GNS-140 V4602	GNS-141 V4603	GNS-142 V4627	GNS-143 V4628	GNS-144 V4629	GNS-145 V4630
Ampicillin	Ampicillin	Ampicillin	Ampicillin	Ampicillin	Amikacin
Ampicillin/Sulbactam	Ampicillin/Sulbactam	Ampicillin/Sulbactam	Ampicillin/Sulbactam	Ampicillin/Sulbactam	Ampicillin
Piperacillin/Taz.	Piperacillin/Taz.	Piperacillin/Taz.	Piperacillin/Taz.	Piperacillin/Taz.	Ampicillin/Sulbactam
Cefazolin	Aztreonam	Cefazolin	Aztreonam	Aztreonam	Aztreonam
Cefotaxime	Cefazolin	Cefepime	Cefazolin	Cefazolin	Cefazolin
Ceftazidime	Cefotaxime	Ceftazidime	Cefepime	Cefepime	Cefepime
Cefepime	Ceftazidime	Ceftriaxone	Ceftazidime	Cefotaxime	Ceftriaxone
Imipenem	Ceftriaxone	Ciprofloxacin	Ceftriaxone	Ceftazidime	Ciprofloxacine
Amikacin	Cefepime	Imipenem	Ciprofloxacin	Ceftriaxone	Gatifloxacin
Gentamicin	Imipenem	Amikacin	Imipenem	Imipenem	Gentamicin
Tobramycin	Gentamicin	Gentamicin	Gentamicin	Gatifloxacin	Imipenem
Ciprofloxacin	Tobramycin	Tobramycin	Tobramycin	Gentamicin	Nitrofurantoin
Levofloxacin	Levofloxacin	Levofloxacin	Levofloxacin	Tobramycin	Piperacillin/Taz.
Nitrofurantoin	Nitrofurantoin	Nitrofurantoin	Nitrofurantoin	Nitrofurantoin	Tobramycin
Trimethoprim/Sulfa	Trimethoprim/Sulfa	Trimeth/Sulfa	Trimeth/Sulfa	Trimethoprim/Sulfa	Trimeth/Sulfa
Confirmatory ESBL	Confirmatory ESBL	Confirmatory ESBL	Confirmatory ESBL	Confirmatory ESBL	Confirmatory ESBL

VITEK LEGACY GRAM POSITIVE CARDS

Gram pos	Gram pos	Gram pos	Gram pos	Gram pos	Gram pos
GPS-105 V4334	GPS-106 V4335	GPS-107 V4368	GPS-109 V4479	GPS-110 V4480	GPS-111 V4483
Ampicillin	Ampicillin	Amoxicillin/Clav Acid	Ampicillin	Ampicillin/Sulfater	Oxacillin
Ampicillin/Sulb.	Oxacillin	Ampicillin/Sulfater	Oxacillin	Oxacillin	Penicillin G
Oxacillin	Penicillin G	Oxacillin	Penicillin G	Penicillin G	Vancomycin
Penicillin G	Vancomycin	Penicillin G	Vancomycin	Vancomycin	Cefazolin
Vancomycin	Cefazolin	Vancomycin	Cefazolin	Cefazolin	Clindamycin
Cefazolin	Clindamycin	Cefazolin	Clindamycin	Clindamycin	Erythromycin
Clindamycin	Erythromycin	Clindamycin	Erythromycin	Erythromycin	Gatifloxacin
Erythromycin	Levofloxacin	Erythromycin	Levofloxacin	Levofloxacin	Moxifloxacin
Ciprofloxacin	Gentamicin	Ciprofloxacin	Synercid® Quin/Dalfo	Moxifloxacin	Synercid® Quin/Dalfo
Gentamicin	Chloramphenicol	Levofloxacin	Linezolid	Linezolid	Linezolid
Rifampin	Rifampin	Gentamicin	Gentamicin	Gentamicin	Gentamicin
Tetracycline	Tetracycline	Rifampin	Rifampin	Rifampin	Rifampin
Trimeth/Sulfa	Trimeth/Sulfa	Tetracycline	Tetracycline	Tetracycline	Tetracycline
Nitrofurantoin	Nitrofurantoin	Trimeth/Sulfa	Gentamicin 500	Gentamicin 500	Gentamicin 500
Gentamicin 500	Gentamicin 500	Nitrofurantoin	Streptomcyin 2000	Streptomycin 2000	Streptomycin 2000
Streptomycin 2000	Streptomycin 2000	Gentamicin 500	Trimeth/Sulfa	Nitrofurantoin	Nitrofurantoin
Beta-lactamase	Beta-lactamase	Streptomycin 2000	Beta-lactamase	Trimethoprim/Sulfa	Trimethoprim/Sulfa
		Beta-lactamase		Beta-lactamase	Beta-lactamase

9. How are the colorimetric databases different from the current fluorescence databases?
The new colorimetric ID databases have more organisms, the GN card has a larger non-fermenter database and the GP card contains Erysipelothrix rhusiopahiae*, several Listeria species in addition to an expanded database for staphs, streps and enterococci.*



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*Perrier A, et al. THE LANCET 1999; 353; 190-195.

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