

CLINICIAN

Would actionable *C. difficile* test results in less than 30 minutes improve patient care?

C. difficile infections pose a serious threat and require rapid clinical decisions. The C. DIFF QUIK CHEK COMPLETE® test differentiates patients with active infections from colonized carriers by detecting the disease-causing toxins A & B and Glutamate Dehydrogenase (GDH) antigen as a marker of bacteria presence.

Provide therapy and implement infection control measures for those who really need it.

LABORATORY

Would actionable

C. difficile results
in less than 30
minutes improve
your operational and
cost efficiencies?

Laboratory diagnostics for *C. difficile* are the key for patient care. The *C. DIFF QUIK CHEK COMPLETE®* test combines fast, accurate and actionable results with ease of use.

Report results fast and with confidence. Repeat testing is not necessary.

INFECTION CONTROL

Would actionable *C. difficile* test results in less than 30 minutes help prevent onward transmission and lower infection control costs?

Rapid reaction times to contagious gastrointestinal infections like *C. difficile* heavily rely on rapid and accurate diagnosis. The *C. DIFF QUIK CHEK COMPLETE®* GDH antigen sensitivity and Negative Predictive Value (NPV) are equal to molecular test as shown in numerous studies,⁶ and are more cost effective than any other method.⁴

Act faster and prevent onward transmission in a more cost efficient way compared to other methods.

Clinical Performance Summary

Performance of GDH antigen testing vs cytotoxicity testing⁷

า=	1126
Sensitivity	98.7%
Negative Predictive Value (NPV)	99.8%

Performance of Toxin A/B vs cytotoxicity testing⁷

)=	1126
Sensitivity	87.8%
Specificity	99.4%
Positive Predictive Value (PPV)	95.8%
Negative Predictive Value (NPV)	98.1%
Correlation	97.8%

Ordering Information for TECHLAB® C. difficile tests

C. DIFF QUIK CHEK COMPLETE® Detects C. difficile GDH and Toxins A & B in fecal samples	T30525C / 30525C / T5038 T30550C / 30550C	25 tests 50 tests
TOX A/B QUIK CHEK® Detects C. difficile Toxins A & B in fecal samples	T5033 / 30394	25 tests
C. DIFF CHEK™-60 Detects C. difficile GDH in fecal samples	TL5025 / 30392	96 wells
C. DIFFICILE TOX A/B II TM Detects C. difficile Toxins A & B in fecal samples	T5015 / 30397	96 wells
C. DIFFICILE TOX B TEST Detects Toxin B in	T5003	96 wells (48 tests)

fecal samples

- 1. Polage, C. et al. Overdiagnosis of *Clostridium difficile* Infection in the Molecular Test Era. *JAMA Intern Med.* 2015; 175(11):1792-1801.
- Dubberke, E.R. et al. Strategies to prevent Clostridium difficile infections in acute care hospitals. Infect. Control Hosp. Epidemiol. 2008;29(S1): S81-S92.
- Cohen, S.H et al. Clinical Practice Guidelines for Clostridium difficile Infection in Adults: 2010 Update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA). Infect. Control Hosp. Epidemiol. 2010;31(5).
- Magill, S. et al. Multistate Point-Prevalence Survey of Health Care-Associated Infections. N Engl J Med. 2014; 370(13):1198-1208.
 ESCMID (2016), Update of the diagnostic guidance document for Clostridium
- difficile infection.6. Swindells, J., Brenwald, N., Reading, N. and Oppenheim, B. Evaluation of Diagnostic Tests for Clostridium difficile Infection. J Clin Microbiol. 2010;
- 7. C. DIFF QUIK CHEK COMPLETE Package Insert (US) vH Issued 04/2015.

48(2):606-608

For more information, contact your TECHLAB® Representative

Call +1-540-953-1664 or visit www.techlab.com

Developed and manufactured by



© 2021 TECHLAB, Inc. All rights reserved.
All trademarks referenced are trademarks of TECHLAB, Inc. PN 4232021001



Does your current diagnostic method allow you to treat the right patients?

- C. difficile toxins cause the disease symptoms.
 Only a test detecting active toxin production can help determine the course of treatment.
- Colonized *C. difficile* carriers are 5-10 times more common than patients with active infections in hospitals.¹ Treating carriers is often ineffective and increases the risk to the patient of acquiring a pathogenic infection.^{2,3}
- Diarrhea is common in hospitals and may lead to a false *C. difficile* diagnosis if a test without toxin confirmation is used.^{1,4}
- Even highly sensitive molecular tests are unable to differentiate colonized carriers from patients with active infections.⁵

The *C. DIFF QUIK CHEK COMPLETE®* test provides the complete diagnostic picture unlike any other standalone test. Incoming samples are simultaneously tested for GDH and Toxins A & B as recommended by the updated ESCMID Guidelines,⁵ providing actionable *C. difficile* results in less than 30 minutes.



How does *C. DIFF QUIK CHEK COMPLETE*® rapid membrane ELISA technology compare to lateral flow?

QUIK CHEK™ technology is more sensitive and reliable than lateral flow assays as it combines the advantages of a classic ELISA test with the rapid cassette format.

The *C. DIFF QUIK CHEK COMPLETE*® test helps to avoid extensive healthcare costs due to misdiagnosis with a single test that indicates presence of the organism rather than disease.



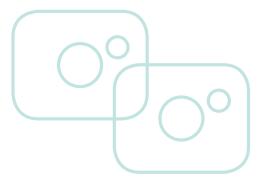
Updated ESCMID guidelines⁵ published in 2016 recommend:

- Against the use of a single rapid test as a standalone test, due to inadequate positive predictive value.
- The use of a 2-step algorithm starting with either GDH EIA or NAAT. Samples with a negative first test result can be reported as negative. Samples with a positive first test result should be tested further with a Toxin A & B EIA.
- Or screen samples simultaneously with both a GDH and toxin A/B EIA with an assay that includes both these targets in one system (C. DIFF QUIK CHEK COMPLETE®).

Negative GDH Ag Report as negative for Negative Toxin A/B toxigenic C. difficile 75-80% of results Positive GDH Ag Report as positive for Positive Toxin A/B toxigenic C. difficile 10-15% of results C. DIFF COMPLETE Positive GDH Ag Potential carrier. Use Negative Toxin A/B clinical judgement. 8-12% of results

Easy to Use

- Total assay time less than 30 minutes.
- Rapid membrane EIA technology including signal amplification and wash-step for enhanced clinical performance.
- Graduated pipet volumes for accurate sampling.
- Built-in quality controls in every cassette.

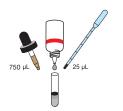


Assay Protocol

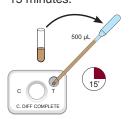


Add to a test tube:

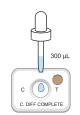
- 750 µL Diluent
 1 drop Conjugate
- 25 μL (1st graduation) of specimen
- Mix thoroughly



Transfer 500 μL (highest graduation) from tube to small Sample Well. Keep the cassette at room temperature and wait 15 minutes.



Add 300 μL Wash Buffer to large Reaction Window. Allow to completely absorb.



room temperature and wait 10 minutes. Read results.



Add 2 drops Substrate to

large Reaction Window.

Keep the cassette at



