PlexPCR® Flu/RSV/SARS-CoV-2

Upfront Diagnosis

Prompt identification of clinically relevant seasonal respiratory viruses



Improve laboratory productivity during seasonal testing surges

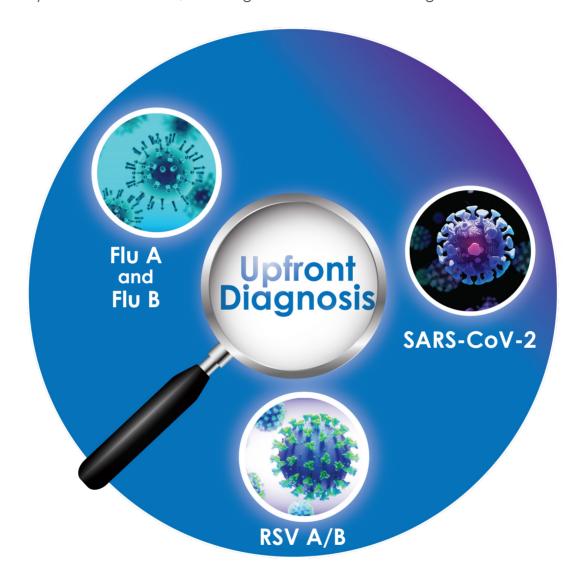
Adopt **Plex**PCR® Flu/RSV/SARS-CoV-2 to triage and diagnose these important seasonal respiratory viruses upfront.

- Influenza A
- Influenza B
- Respiratory Syncytial Virus (A and B)
- ► SARS-CoV-2



Upfront diagnosis of clinically relevant seasonal respiratory viruses with *PlexPCR*® Flu/RSV/SARS-CoV-2

- ▶ Stay ahead of seasonal influenza that results in substantial worldwide disease burden¹
- ▶ RSV is an important inclusion. It is a common cause of respiratory infections and the main cause of severe cases of bronchiolitis and pneumonia in infants and young children^{2,3}
- ► Confidently detect SARS-CoV-2, including current known circulating variants⁴



Scalable throughput with our flexible workflow. Easily adapt to fluctuating test demand

- Easily integrate *PlexPCR®* Flu/RSV/SARS-CoV-2 into your laboratory by testing on your QuantStudio 5 platform.
- Enhance your productivity for rapid, routine diagnostics with **Plex**Prep® liquid handling automation.
- Maximise your output with this single-well multiplex test.

PlexPrep® - clever, compact robotics

Accelerate your sample preparation and qPCR set-up with the **SpeeDx** *PlexPrep*® automation solution. Fast, precise, and easy to use, ideal for testing surges.



Affordable and efficient

- Our smart technology is based on cost-effective components, allowing us to produce affordable assays for you.
- Utilise your existing QuantStudio 5 instrument and avoid the expense of acquiring new systems and costs associated with training, implementation and service contracts.



PlexPCR° Flu/RSV/SARS-CoV-2 is a single-well multiplex qPCR test detecting clinically relevant seasonal respiratory viruses Influenza A, Influenza B, Respiratory Syncytial Virus (A & B) and SARS-CoV-2 virus, plus an endogenous control⁵.

Powered by proprietary *PlexPCR*[®] technology demonstrating improved multiplex performance compared with other probe-based tests.⁶

Well	Channel	Target		
1	1	Flu A		
	2	Flu B		
	3	RSV A and RSV B		
	4	SARS-CoV-2 and SARS-CoV-2 (ORF1ab and RdRp)		
	5	Endogenous Control		

Clinical evaluation of Plex PCR® Flu/RSV/SARS-CoV-2 ⁵								
	Flu A	Flu B	RSV	SARS-CoV-2				
Sensitivity	100.00%	94.60%	97.20%	99.00%				
Specificity	99.00%	99.30%	98.90%	95.80%				

Validated with upper respiratory samples including nasopharyngeal swabs. $^{\rm 5}$

Adopt **Plex**PCR® Flu/RSV/SARS-CoV-2 to triage and diagnose these important seasonal respiratory viruses upfront.

Product	Compatible	Size	Cat#
PlexPCR® Flu/RSV/SARS-CoV-2	QuantStudio 5	192 reactions [†]	1703192
Related Products	Compatible	Size	Cat#
Plex PCR® RespiVirus*	LC480 II	100 reactions 192 reactions [†]	1201001 1201192
Plex Prep [®] Liquid Handler	Enquire	1 unit	6600200-01

¥ Based on in silico investigation as of April 2021

§SpeeDx calculations with *PlexPrep®* Liquid Handler

Ψ Contact tech@speedx.com.au for up-to-date QAP data

tAdditional volumes provided for use with liquid handling systems

PlexPCR® Flu/RSV/SARS-CoV-2 is only available for sale in the U.K.

References: 1. Timothy M Uyeki, David S Hui, Maria Zambon, David E Wentworth, Arnold S Monto (August 2022) Influenza, The Lancet, Seminar Volume 400, Issue 10353, P693-706, August 27, 2022 https://doi.org/10.1016/S0140-6736(22)00982-5 2. Borchers AT, Chang C, Gershwin ME, Gershwin LJ (2013) Respiratory syncytial virus—a comprehensive review. Clin Rev Allergy Immunol 45: 331–379. 10.1007/s12016-013-8368-9 3. Jain H, Schweitzer JW, Justice NA. Respiratory Syncytial Virus Infection. [Updated 2023 Jun 20]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing: 2023 Jan https://www.ncbi.nlm.nih.gov/books/NBK459215/ 4. https://www.who.int/activities/tracking-SARS-CoV-2-variants 5. PlexPCR® Flu/RSV/SARS-CoV-2 Instructions for use 6. Mokany E., Tan Y.L., Bone S.M., Fuery C., Todd A.V., 2013. MNAzyme qPCR with superior multiplexing capacity. Clin. Chem. 59(2): 419-426

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