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ID NOW™ STREP A 2 — MOLECULAR. IN MINUTES.™

SIMPLIFIED STREP A TESTING

COMPLETE THE WORKUP WITHOUT THE NEED FOR CULTURE CONFIRMATION

ID NOW™ Strep A 2 combines molecular accuracy and speed with results in **2–6 minutes**[1] — **the fastest test on the market.**[2]

- Highly sensitive molecular technology requires no culture confirmation for negative results
- Single test facilitates compliance with clinical practice guidelines, while simplifying workflow
- Reliable and actionable results improve patient satisfaction and appropriate use of antibiotics[3-5]

EARLY AND APPROPRIATE TREATMENT WITH POINT-OF-CARE STREP A TESTING

TESTING FOR STREP A IS RECOMMENDED. Strep A pharyngitis cannot be diagnosed by clinical features alone, per the American Academy of Pediatrics® (AAP).[6]

DECREASE TRANSMISSION AND MINIMIZE ABSENTEEISM. When treated by 5 p.m., and if without fever the next morning, individuals may safely return to work or school.[7]

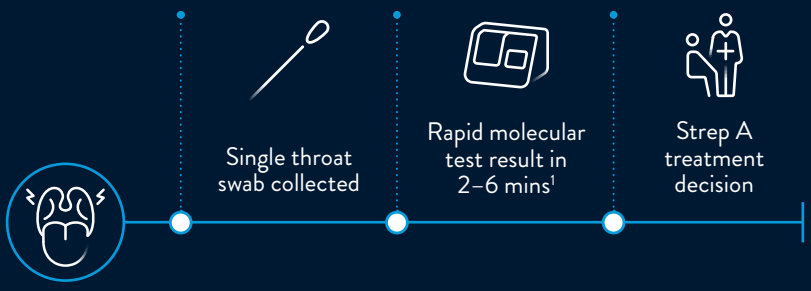
TREAT AS EARLY AS POSSIBLE. Speed recovery and avoid invasive group A strep infections.

MINIMIZE UNNECESSARY ANTIBIOTIC USE. 55 to 65% demonstrated reduction in antibiotic prescription when adding a rapid molecular POCT to clinical assessment.[8]

ID NOW™ STREP A 2 MOLECULAR TEST
STREAMLINES WORKFLOW AT THE POINT OF CARE

- Allows confident prescribing with a single test result during the patient encounter[5]
- Eliminates 71.2% of culture confirmation send-outs,* calls and follow-up[5]
- Minimizes treatment adjustments and chart updates
- Increases antimicrobial stewardship and improves patient outcomes[5,6]

Single molecular test result in 2–6 minutes[1]



NO culture required. Workup complete.

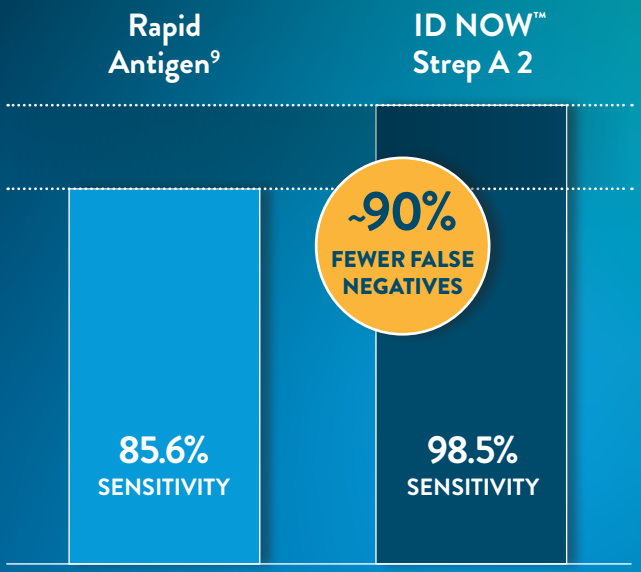
*Based on 30% prevalence and performance of antigen tests[9] and ID NOW™ Strep A 2 test

UNCOMPROMISED MOLECULAR PERFORMANCE

TREAT WITH HIGHER CONFIDENCE

Molecular technologies – isothermal and PCR – provide highly sensitive test results. The ID NOW™ platform uses isothermal technology to provide molecular results faster than PCR with equivalent detection of Strep A.[10]

- Generates nearly **90% fewer false negatives** than rapid antigen tests**
- Highly sensitive performance allows you to diagnose and treat with confidence



Culture used as reference method.

**Test sensitivity performance comparison of antigen tests and the ID NOW™ Strep A 2

RECOMMENDATIONS FOCUS ON **REDUCING FALSE NEGATIVES**

CPS, AAP and IDSA/ASM clinical practice guidelines recommend culture confirmation in pediatric patients with a negative antigen test.[6,11,12,16]

Antigen test instructions recommend culture confirmation when negative in pediatric patients. Refer to test Instructions for Use for culture confirmation recommendations.

Red Book® recommends the use of a molecular test as a stand-alone, not requiring culture confirmation of a negative result.[13]

CPS: Canadian Paediatric society; ASM: American Society for Microbiology®; CAP: College of American Pathologists®; IDSA: Infectious Diseases Society of America®

ID NOW™ RAPID MOLECULAR PLATFORM

FAST ACTIONABLE RESULTS A THE POINT OF CARE

- Minimal training with on-screen video-guided operation
- No complex sample handling or manual pipetting required
- Room temperature storage — run tests on demand, right out of the box
- Robust on-board software and connectivity capabilities

ID NOW™ RESPIRATORY ASSAY MENU

COVID-19	Influenza A & B	Strep A	RSV
6–12 mins	5–13 mins[15]	2–6 mins[1]	≤ 13 mins

THE POINT. IS CARE.

PRODUCT NAME	PRODUCT CODE
ID NOW™ STREP A 2 TEST KIT	734-000
ID NOW™ STREP A 2 CONTROL SWAB KIT	734-080
ID NOW™ INSTRUMENT	NAT-000

Each test kit contains 24 tests, collection swabs and controls.

CONTACT YOUR LOCAL ABBOTT REPRESENTATIVE
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1. ID NOW™ Strep A 2 clinical trial data, held on file. **2.** ID NOW™ Rapid Test Times to Result Analysis (v1.0). **3.** Sohn AJ, et al. Use of Point-of-Care Tests (POCTs) by US Primary Care Physicians. *J Am Board* Fam Med. 2016 May-Jun;29(3):371-6. **4.** Crocker B, et al. Patient satisfaction with point-of-care laboratory testing: report of a quality improvement program in an ambulatory practice of an academic medical center. *Clin Chim Acta*. 2013 Sep 23;424:8-11. **5.** Weinzierl EP, et al. Comparison of Alere i Strep A Rapid Molecular Assay With Rapid Antigen Testing and Culture in a Pediatric Outpatient Setting. *Am J Clin Pathol*. 2018 Jul 31;150(3):235-239. **6.** Group A streptococcal Infections, in: Red Book: 2021–2024 Report of the Committee on Infectious Diseases. 32nd edition. By: Committee on Infectious Diseases, American Academy of Pediatrics, Kimberlin DW, Barnett ED, Lynfield R, Sawyer MH. American Academy of Pediatrics; 2021:694-707. **7.** Schwartz RH, et al. A Reappraisal of the Minimum Duration of Antibiotic Treatment Before Approval of Return to School for Children With Streptococcal Pharyngitis. Pediatr Infect Dis J. 2015 Dec;34(12):1302-4. **8.** Daniels, R.; Miles, E.; Button, K. Does the Addition of Point-of-Care Testing Alter Antibiotic Prescribing Decisions When Patients Present with Acute Sore Throat to Primary Care? A Prospective Test of Change. Diagnostics 2024, 14, 1104. https://doi.org/10.3390/diagnostics14111104. **9.** Cohen JF, et al. Rapid antigen detection test for group A streptococcus in children with pharyngitis (Review). Cochrane Database Syst Rev. 2016 Jul 4;7(7):CD010502. **10.** Thompson TZ, McMullen AR. Group A Streptococcus Testing in Pediatrics: the Move to Point-of-Care Molecular Testing. J Clin Microbiol. 2020 May 26;58(6):e01494-19. **11.** Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. Clin Infect Dis. 2012 Nov 15;55(10):1279-82. **12.** Miller JA, et al. A Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2018 Update by the Infectious Diseases Society of America and the American Society for Microbiology. Clin Infect Dis. 2018; Aug 31;67(6):e1-e94. **13.** Kimberlin DW, Banerjee R, Barnett ED, Lynfield R, Sawyer MH, eds. Red Book: 2024–2027 Report of the Committee on Infectious Diseases. 33rd ed. American Academy of Pediatrics; 2024. **14.** The Joint Commission.® Is it required to perform culture follow-up on all negative rapid Group A Strep screens? Ambulatory, Waived Testing. Updated Nov 1, 2021, accessed Jan 11, 2024. https://www.jointcommission.org/standards/standard-faqs/ambulatory/waived-testing-wt/000001726/. **15.** ID NOW™ Influenza A & B 2 clinical trial data, held on file. **16.** https://cps.ca/en/documents/position/group-a-streptococcal

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