The BioFire® Respiratory 2.1 (RP2.1) Panel

1 Test. 22 Targets. ~45 Minutes.

The BioFire RP2.1 Panel Targets

VIRUSES

Adenovirus
Coronavirus 229E
Coronavirus HKU1
Coronavirus NL63
Coronavirus OC43
Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)
Human Metapneumovirus
Human Rhinovirus/Enterovirus
Influenza A
Influenza A/H1
Influenza A/H3
Influenza A/H1-2009
Influenza B
Parainfluenza Virus 1
Parainfluenza Virus 2
Parainfluenza Virus 3
Parainfluenza Virus 4
Respiratory Syncytial Virus

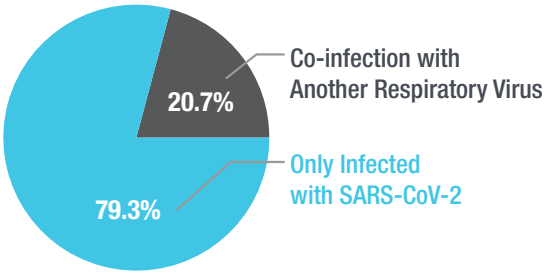
BACTERIA

Bordetella parapertussis
Bordetella pertussis
Chlamydia pneumoniae
Mycoplasma pneumoniae

COVID-19 and the Value of the Syndromic Approach

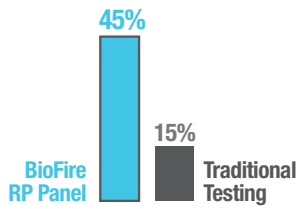
Study results suggest higher rates of co-infection between SARS-CoV-2 and other respiratory pathogens than previously reported. In some cases, as many as 20% of COVID-19 patients have co-infections with another respiratory virus.[1] Because respiratory symptoms are similar and overlapping, a syndromic panel can provide fast, comprehensive answers and take the guesswork out of choosing which pathogens to test for.

Co-infection for SARS-CoV-2 Positive Patients[1]



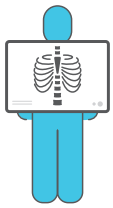
BIOFIRE®

Knowing the Pathogen Matters



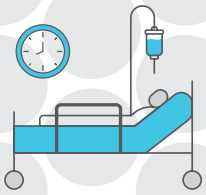
Inform Clinical Decisions

Respiratory infections can be characterized by similar symptoms, making diagnosis difficult. The BioFire® FilmArray® Respiratory (RP) Panel was shown to increase diagnostic yield by 30%, compared to traditional testing methods.[2]



Reduce Unnecessary Testing

Use of the BioFire RP Panel was shown to reduce chest radiographs in children by 19%.[3]



Reduce Length of Stay

The hospital length of stay was nearly 5 days less for febrile infants with a positive BioFire RP Panel result compared to those with a negative result.[4]

Help Guide Antimicrobial Stewardship Programs

The US CDC estimates that 50% of outpatient prescriptions for acute respiratory conditions are unnecessary, contributing to increased levels of antibiotic resistance.[5] Use of the BioFire RP Panel has been shown to reduce antibiotic use by identifying respiratory viruses in a clinically actionable timeframe.[6]

The BioFire RP Panel resulted in avoidance of antibiotics in 30% of pediatric patients tested.[6]

Panel Specifications

Sample Type: Nasopharyngeal swab in transport media or saline	**Sample Volume:** 0.3 mL
Hands-On Time: approximately 2 minutes	**Storage Conditions:** All kit components stored at room temperature (15-25˚C)
Overall Performance: 97.1% sensitivity, 99.3% specificity[7]	**SARS-CoV-2 Performance:** 98.4% PPA, 98.9% NPA[8]

Part Number

BioFire RP2.1 Reagent Kit (30 Pouches): 423742

References

1. Kim, D et al. (2020) JAMA doi:10.1001/jama.2020.6266
2. Brendish et al. (2017) Lancet Respiratory Medicine. 5(5):401.
3. Subramony A, Zachariah P, Krones A, Whittier S, Saiman L. J Pediatr. 2016; doi: 10.1016/j.jpeds.2016.02.050016.02.050.
4. McFall, et al., Pediatrics. 2017 Feb;:000992281774066.
5. CDC. Antibiotic Use in the United States, 2017: Progress and Opportunities. Atlanta, GA: US Department of Health and Human Services, CDC; 2017.
6. Sutton C, Walton P, Williams M, Bastian T, Wright M, Spires S. Impact of Multiplex Polymerase Chain Reaction Testing for Respiratory Pathogen Detection in Pediatric Patients, ID Week 2017, poster 1607.
7. Overall performance based on prospective clinical study for the BioFire® FilmArray® Respiratory 2 Panel, Data on file, BioFire Diagnostics.
8. Overall performance based on prospective SARS-COV-2 clinical study for the BioFire® Respiratory 2.1 Panel in comparison to 3 EUA tests, Data on file, BioFire Diagnostics.

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FDA-Cleared

BFR0001-3107-01