

| Report   |                         |                     |                 |                 |  |
|--|-------------------------|---------------------|-----------------|-----------------|--|
| Patient name:  | Ton Chan                | Gender:             | male            | Age:            | 35y  |
| Ward:  | Dept. Diagnostic System | Ref NO.:            | 25              | Specimen type:  | Gastro juice                                   |
| Doctor:  | Jack Chan               | Specimen NO.:       | 18001587        | Test purpose:   | Identification and AST test of common bacteria |
| Delivery time:   | 2022-2-17 01:13         | Clinical diagnosis: | Gastroenteritis |                 |  |
| Test results:  | Victoria Kentonensis    |                     |                 |                 |  |
| Drug   | Result                  | Interpretation      | S Breakpoint    | I Breakpoint    | R Breakpoint                                   |
| Amoxicillin-clavulanic acid  | <8/2 µg/ml              | Sensitive           | <8/2 µg/ml      | -               | >8/2 µg/ml                                     |
| Piperazi-nitroazobacter  | <4/0 µg/ml              | Sensitive           | <8/4 µg/ml      | -               | >8/4 µg/ml                                     |
| Ampicillin   | <8 µg/ml                | Sensitive           | <8 µg/ml        | -               | >8 µg/ml                                       |
| Ampicillin-sulbactam   | <4/0 µg/ml              | Sensitive           | <8/4 µg/ml      | -               | >8/4 µg/ml                                     |
| Cefixime   | <16 µg/ml               | Sensitive           | <16 µg/ml       | -               | >16 µg/ml                                      |
| Cefixime   | 2 µg/ml                 | Intermediate        | ≤1 µg/ml        | 2 µg/ml-4 µg/ml | >4 µg/ml                                       |
| Cefuroxime   | <8 µg/ml                | Sensitive           | <8 µg/ml        | -               | >8 µg/ml                                       |
| Cefuroxime   | 8 µg/ml                 | Resistant           | ≤1 µg/ml        | 2 µg/ml-4 µg/ml | >4 µg/ml                                       |
| Ceftriaxone injection  | <1/4 µg/ml              | Sensitive           | <8/4 µg/ml      | -               | >8/4 µg/ml                                     |
| Cefuroxime   | <4 µg/ml                | Sensitive           | <4 µg/ml        | -               | >4 µg/ml                                       |
| Ergonoment   | <8/116 µg/ml            | Sensitive           | <8/5 µg/ml      | -               | >8/5 µg/ml                                     |
| Moxifloxacin   | 2 µg/ml                 | Sensitive           | <2 µg/ml        | 4 µg/ml-8 µg/ml | >8 µg/ml                                       |
| Trimoprim  | <0.2/3 µg/ml            | Sensitive           | <2 µg/ml        | 4 µg/ml         | >4 µg/ml                                       |
| Ciprofloxacin  | <0.016 µg/ml            | Sensitive           | <0.25 µg/ml     | 0.5 µg/ml       | >0.5 µg/ml                                     |
| Cotrimox   | <4 µg/ml                | Resistant           | <2 µg/ml        | -               | >2 µg/ml                                       |
| Gentamicin   | <3 µg/ml                | Sensitive           | <2 µg/ml        | -               | >2 µg/ml                                       |
| Aztreonam  | <0.7/3 µg/ml            | Sensitive           | ≤1 µg/ml        | 2 µg/ml-4 µg/ml | >4 µg/ml                                       |
| Tigecycline  | <0.25 µg/ml             | -                   | -               | -               | -  |
| Amikacin   | <8 µg/ml                | Sensitive           | <8 µg/ml        | -               | >8 µg/ml                                       |
| Nitrofurantoin   | <16 µg/ml               | -                   | -               | -               | -  |
| Trimethoprim-sulfamethoxazole  | <0.3/5 µg/ml            | Sensitive           | <0.25 µg/ml     | 4/75 µg/ml      | >4/75 µg/ml                                    |
| Trimethoprim   | <1 µg/ml                | Sensitive           | <2 µg/ml        | -               | >2 µg/ml                                       |
| <b>Remark:</b><br>After oral Levofloxacin 1 week.  |                         |                     |                 |                 |  |
| <b>Interpretation:</b><br>1. Enterobacter Klebsiella (formerly Entericobacter) aerogenes, Citrobacter, and Serratia may develop resistance during prolonged therapy with 3rd-generation cephalosporins as a result of suppression of AmpC $\beta$ -lactamase. Therefore, isolates that are initially Sensitive may become resistant within 3 to 4 days after initiation of therapy. Testing repeat isolates may be warranted.  |                         |                     |                 |                 |  |
| Note: The test results of this report is only local analysis. The susceptibility test interpretation is following EUCAST.<br>Remark: (1) For the above break point of "S" means that the susceptibility is determined by 8-16 isolates and "I" indicates that the susceptibility is determined by 16-32 isolates. (2) The sensitivity of breakpoint, intermediate (I) breakpoint and drug resistance (R) breakpoint is "<" indicates that there is no pending breakpoint standard for this antibiotic. (3) M-antibiotic with a < means that the antibiotic is naturally resistant. |                         |                     |                 |                 |  |
| Technician   | May Wong                | Day/Off             | Today           |                 |  |
| Test time  | 2022-2-18 08:20         | Report time         | 2022-2-19 15:16 |                 |  |

## Technical Specification

Throughput of reading: 1 min/card

## Optional Configuration

Auto sampling instrument                      sampling 60-80 cards per hour

## Working environment

Ambient temp.: 5°C-40°C;

Relative humidity:  $\leq 80\%$ ;

Atmospheric pressure: 76kpa-106kpa;

Power supply: AC 100-240V, 50/60HZ

Instrument size: 215mm\*258mm\*215mm      Package size: 360mm\*320mm\*370mm

Net weight: 4.4KG

- The above specification is subject to change without notice.



## Microbial ID/AST System

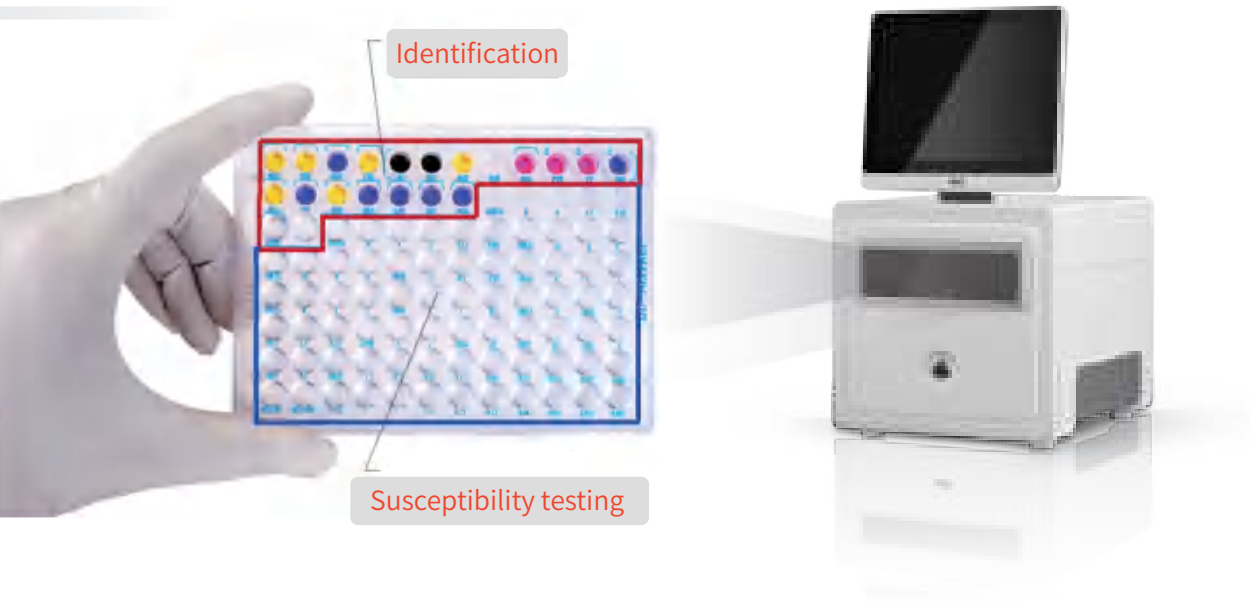
Every lab can perform microbial test easily.



Microbial ID/AST Card Features

- Test principle: Colorimetry for identification.  
Turbidimetry for susceptibility testing.
- DL IST card can identify microbes as “Species” and even “Subspecies”.
- DL IST card covers nearly 200 types of antibiotics with multi-level concentration.
- Multi-drug resistance minitoring: MRSA, β -lac, VRE, VRSA, HLAR, ESBLs and so on.
- Card type: ID/AST combo card & AST(MIC) card.

ID/AST Card



| Test Card      | Identification susceptibility test Range | Package                    |
|----------------|--|----------------------------|
| DL-96/120E     | Enterobacteriaceae                       | 10 cards + relevant medium |
| DL-96/120NE    | Non-fermentative bacteria/Vibrio         | 10 cards + relevant medium |
| DL-96/120STAPH | Staphylococcus / Micrococcus             | 10 cards + relevant medium |
| DL-96/120STREP | Streptococcus                            | 10 cards + relevant medium |
| DL-96FUNGUS    | Fungi (Yeast like)                       | 10 cards + relevant medium |
| DL-120NH       | Neisseria / Haemophilus                  | 10 cards + relevant medium |
| DL-120 Coryne  | Corynebacterium                          | 10 cards + relevant medium |
| DL-96ANA       | Anaerobe                                 | 10 cards + relevant medium |

D2mini Microbial ID/AST System Features

- D2mini database is updated with the latest CLSI/EUCAST.
  - Selective and cascade reporting (A/B/C/U groups) for encouraging appropriate antibiotics use by giving true MIC values and interpretation results according to the latest CLSI M100 regulation.
  - Integrated with reader and Analyzer (inner computer).
  - LIS and WHONET support.
  - Multi-language interface. Easy to understand and operate.
  - Equipped with statistic function for analyzing the data in different aspects.
- This system is used to identify the common clinical pathogens and report TRUE MIC value according to latest CLSI and EUCAST.

Operation procedure

