Faster answers. Relieved parents.

The results you need now, with infectious disease testing in your clinic from BioFire.

With SARS-CoV-2 as a top suspect, you need to identify other potential accomplices. Whether the concern is respiratory illness or GI distress, BioFire molecular syndromic tests can help identify the probable cause fast. Here are the many ways to achieve record-time results for your clinic.

BioFire® FilmArray® Respiratory EZ (RP EZ) Panel
1 Test. 14 Pathogens. ~1 Hour.

CLIA WAIVED

BioFire® Respiratory 2.1-EZ (RP2.1-EZ) Panel EUA*,1
1 Test. 19 Pathogens. ~45 Minutes.
Includes SARS-CoV-2.

BioFire® FilmArray® Gastrointestinal (GI) Panel
1 Test. 22 Pathogens. ~1 Hour.

BIOFIRE®
BY BIOMÉRIEUX

*Emergency Use Authorization.

BFR0000-7730-01

Improve Operational Efficiency

The BioFire® RP EZ Panel has been shown to reduce appointment duration.[2] Similarly, the BioFire® GI Panel resulted in an 84% reduction in time-to-result for 241 patients compared to stool culture methods.[3]

Reduce Unnecessary Testing

With results in about an hour for both the BioFire RP EZ Panel and the BioFire GI Panel, you can diagnose patients faster with onsite testing and potentially decrease follow up care. Pooled sensitivity of Rapid Antigen Flu A/Flu B tests is only 66%, making them less accurate than PCR, which may lead to return visits and additional tests.[4] Furthermore, patients who were diagnosed with the BioFire GI Panel underwent fewer abdominal imaging tests.[3]

Put Confidence in Treatment Plans

Choosing a syndromic panel means choosing greater accuracy and a higher standard of care. A panel that identifies a broad range of pathogens can better detect co-infections and help you put a name on the pathogen. This can increase confidence in the treatment plan for you and the patient.

Prescribe the Right Treatment

The BioFire RP EZ Panel has demonstrated an increase in the occurrence of appropriate treatment.[2] Additionally, the BioFire GI Panel has been proven to help doctors prescribe targeted therapy sooner—reducing unnecessary antibiotics.[5,6]

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1. This test has not been FDA cleared or approved. This test has been authorized by FDA under an EUA for use by authorized laboratories. This test has been authorized only for the detection and differentiation of nucleic acid of SARS-CoV-2 from multiple respiratory viral and bacterial organisms. This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner. 2. Beal SG, et al. Performance and impact of a CLIA-waived, point-of-care respiratory PCR panel in a pediatric clinic. Pediatr Infect Dis J. 2020 Mar;39(3):188-191. 3. Beal SG, et al. A gastrointestinal PCR panel improves clinical management and lowers health care costs. J Clin Microbiol. 2018 Jan;56(1):e01457-17. 4. Chartrand C, et al. Accuracy of Rapid Influenza Diagnostic Tests. Ann Intern Med. 2012 Mar;156(7):500. 5. Cybulski RJ, et al. Clinical Impact of a Multiplex Gastrointestinal Polymerase Chain Reaction Panel in Patients With Acute Gastroenteritis. Clin Infect Diseases. 2018. 6. Axelrad JE, et al. Impact of Gastrointestinal Panel Implementation on Health Care Utilization and Outcomes. J Clin Microbiol. 2019;57(3).