

## Advanced technology allows for a clear diagnosis

The only test to simultaneously identify and differentiate the three pathogens that cause up to 90% of all vaginal infections

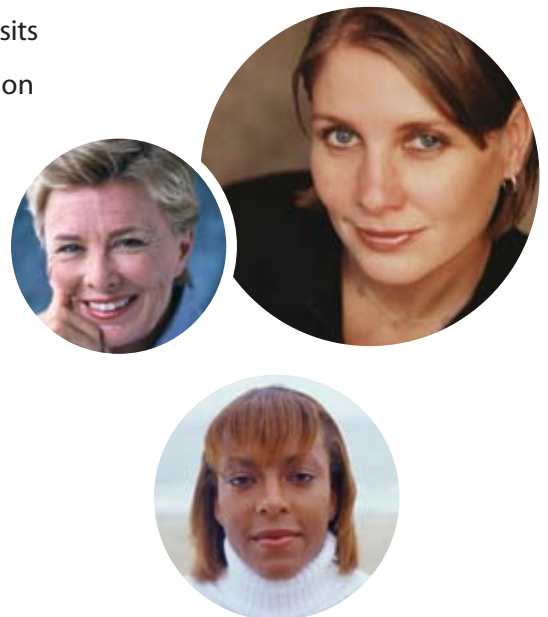
A more definitive diagnosis of your patient's vaginal infection for more effective treatment

- Identifies mixed infections that occur in 25% of cases and are often undiagnosed <sup>1</sup>
- More sensitive and specific than wet-mount tests <sup>2</sup>
- Minimizes false negatives common with traditional wet-mount samples when semen, mucus, menses and some douche solutions are present <sup>2</sup>
- Minimizes false positives by detecting only clinically significant levels of G. vaginalis and Candida SP compared with normal flora levels <sup>3</sup>

| The Bacterial Vaginosis/Vaginitis Panel is highly sensitive and specific |             |             |
|--|-------------|-------------|
| Pathogen   | Sensitivity | Specificity |
| Trichomonas  | 92%         | 99.7%       |
| G. vaginalis (known as BV)   | 95%         | 100%        |
| Candida  | 82%         | 98.4%       |

### Definitive diagnosis can reduce risks of untreated infection

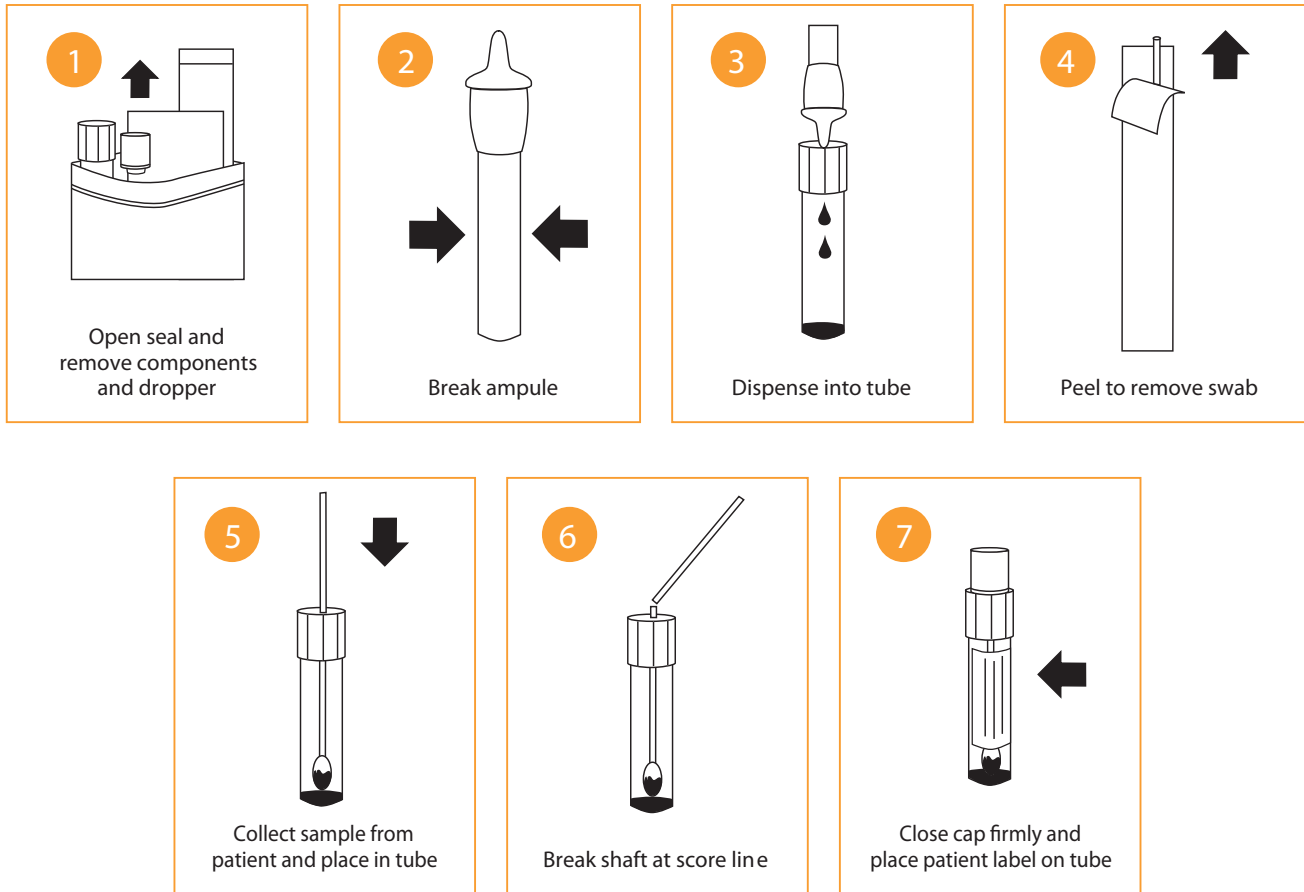
- Correct identification of pathogen reduces repeat office visits
- Provides definitive results so you can quickly treat infection and reduce risks of
  - Miscarriages in the first trimester of pregnancy
  - Preterm low-birth-weight babies
  - Post-gynecological surgery infections
  - Intra-amniotic infections – chorioamnionitis
  - Endometritis and PID (if left undetected and untreated)



# BD Affirm VP III™ Ambient Temperature Transport System

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Simple steps for specimen collection



For more information about the Bacterial Vaginosis/Vaginitis Panel, please contact your Sonora Quest Laboratories Account Manager or visit [www.sonoraquest.com](http://www.sonoraquest.com).

#### References

1. Spiegel, C. Bacterial vaginosis: changes in laboratory practice. *Clinical Microbiology Newsletter*. 1999;21(5):33-37.
2. Ferris, D, et al. Office laboratory diagnosis of vaginitis. *The Journal of Family Practice*. 1995;41(6):575-580.
3. Thomason, J, Scaglione, NJ. Bacterial vaginosis. *Contemporary OB/GYN*. June 1999:15-16.

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