Clostridium difficile is present in 13 of every 1000 hospital inpatients.¹ Rapid, accurate, and sensitive methods of screening for C. difficile are necessary to maintain good infection control measures and improve patient outcomes.

Advancements in C. difficile Testing

- Guidelines now recommend GDH screening in combination with toxin testing to improve sensitivity.² The C. DIFF QUIK CHEK COMPLETE® test is the only device that simultaneously detects both GDH antigen and Toxins A & B.
- Algorithm testing provides a more complete diagnostic picture than molecular testing alone. The C. DIFF QUIK CHEK COMPLETE® test detects actual antigen and toxins present. Molecular assays indicate if a gene is present, but not if toxins are being produced or causing disease.

Increased Sensitivity with Algorithm Testing

- Sensitivity and Negative Predictive Value (NPV) of GDH are equivalent to PCR when compared to cytotoxicity or toxigenic culture.³⁻⁵
- 99.8% NPV gives you confidence that negative results are accurate.⁶ Repeat testing is no longer recommended for Positive Ag/Positive Tox & Negative Ag/Negative Tox results.
- Approximately 90% of samples can be reported in < 30 min. using the C. DIFF QUIK CHEK COMPLETE® test, improving workflow and effective management of C. difficile infections.⁶

To learn more about cost-effective, sensitive, rapid detection of C. difficile, contact your local Alere Representative.
Easy to Use*

- Total assay time < 30 min
- Graduated pipet volumes for accurate sampling
- Built-in quality controls in every cassette

1. Add:
   - 750 μL diluent
   - 1 drop conjugate
   - 25 μL sample

2. Mix & add 500 μL to cassette, incubate 15 minutes

3. Add 300 μL wash buffer

4. Add 2 drops substrate, read at 10 minutes

*For complete instructions for use, see the package insert.

Testing Algorithm

C. difficile Testing Algorithm2,7

Positive antigen (GDH) and Negative toxin

Both tests positive = Positive for toxigenic C. difficile

Both tests negative = Negative for toxigenic C. difficile

Report as C. difficile present but toxin not detected. Testing for inflammation with LEUKO EZ VUE® can aid in treatment decisions, as recommended by the American College of Gastroenterology.

Clinical Performance Summary

Performance of GDH antigen portion vs. cytotoxicity testing6

- n = 1126
- Sensitivity 98.7%
- Negative Predictive Value (NPV) 99.8%

Performance of toxins A & B portion vs. cytotoxicity testing6

- n = 1126
- Sensitivity 87.8%
- Specificity 99.4%
- Positive Predictive Value (PPV) 95.8%
- Negative Predictive Value (NPV) 98.1%
- Correlation 97.8%

All data calculated from package insert.

In the United States:
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To fax an order, use 1-800-290-0790
To order online: www.fisherhealthcare.com