



Microscopic Observation Drug Susceptibility Assay A standardized and accelerated liquid culture and direct susceptibility testing method for Mycobacterium tuberculosis.

One-third of the world's population is currently infected with Mycobacterium tuberculosis. 5-10% of people who are infected with the TB bacillus become ill or infectious at some time during their life.



- Patients co-infected with both HIV and TB are much more likely to develop active TB disease. Almost every country in the world has reported strains of *M*. *tuberculosis* that are resistant to at least one of the anti-TB drugs.
- In 2008, the World Health Organization reported the current prevalence of INH resistance as 10.3% for new cases and 27.7% for previously treated cases.
- In some instances rifampicin monoresistant strains have been linked to patients who are incarcerated, infected with HIV, or with poor intestinal absorption of TB medications.
- Treatment of rifampicin monoresistant strains is challenging because alternate drugs can be difficult to administer, are associated with numerous adverse effects, and patient compliance is difficult to obtain.
- In 2008, the World Health Organization reported that strains of XDR *M. tuberculosis* were found in at least 45 countries.
- The majority of diagnosed TB cases occur in developing countries where resources are scarce. In these settings, the diagnosis of tuberculosis may be limited to performing microscopic examination of sputum smears, for which the sensitivity of detection is low (estimated at only 50% sensitive).

Hardy Diagnostics is pleased to present the new



A solution demanding attention...

Microscopic Observation Drug Susceptibility Assay A standardized and accelerated liquid culture and direct susceptibility testing method for *Mycobacterium tuberculosis*.

•Simultaneous detection <u>and</u> susceptibility testing to both isoniazid <u>and</u> rifampicin

- Speedy results within 5 to 10 days
- •Sensitivity at 97.8%, Specificity at 99.6%
- •Standardized ready-to-use components
- Affordable liquid culture method

- Kit contains all necessary components. No need to source from multiple vendors.
- Performs susceptibility testing simultaneously and within the same procedure.
- Detects resistance to both isoniazid and rifampicin; the two most commonly used drugs for therapy.
- Uses liquid culture for accelerated growth.



- Formulated in a standardized, ready-to-use kit format complete with 24-well trays,
- Special color coding and orientation card for easy use,
- All vials and reagents are color coded to simplify and error-proof the procedure.

TB MODS Kit - a complete, simplified, and standardized system.



MODS

- Unique protective flexible silicone sealing lid for increased safety,
- Tray remains permanently sealed throughout the entire incubation and examination procedure,
- Safety lid can be easily pierced with a needle/syringe if sub-culturing or rapid speciation is necessary.

MODS Sealing Lid for safety



- Ready-to-use antibiotics available in an easy-to-dissolve tablet;
- No measuring, weighing, or mixing needed.
- Detects susceptible, mono-resistant, and multi-drug resistant (MDR) TB usually within a 5 to 10 day incubation period.
- Utilizes the TB cording phenomenon for identification, which is easily viewed with an inverted microscope.
- Can be used to monitor patients on therapy. Detects only living organisms.

A. Preparation of Reagents



B. Processing of Specimens

1. Process patient sputum specimens according to laboratory protocol for decontamination and digestion.



- 008

50ml

 Label one Z29A vial with added NAPTA (white cap) with the patient identification number (prepared in Step 1). Add 2ml of OADC+7H9+NAPTA™ to sediment from Step 1. Mix to resuspend sediment.



C. Inoculation of Trays

Patient Specimens

Control Plate







Image 2: *Mycobacterium tuberculosis* (clinical isolate) growth visible at 7 days at 100x



Image 4: Mycobacterium tuberculosis (clinical isolate) growth with cording visible at 21 days at 40x.



Image 5: Mycobacterium tuberculosis growth with cording visible at 23 days at 40x.

Photos courtesy of the MODS TB Group, Universidad Peruana Cayetano Heredia, Lima, Peru



TB MODS	Kit™	9
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100 tests/kit

100 vials 5 vials

10 vials

10 vials

15 vials

15 vials

1 vial

1 vial

1 vial 25 lids

25 travs

50 tests/kit

50 vials

5 vials

10 vials

30 vials

10 vials 15 vials

5 vials

1 vial

1 vial

1 vial

1.5 lids

1 card

15 trays

1 card



Available Accessories

N95 particulate respirator mask (Cat. no. USP10206).



Disposable 1ml serological pipet (Cat. no. P0010S01).



Graduated disposable specimen cup (Cat. no. 243810)



Pipet tips, sterile (1-200µl, Cat. no. 153820; 100-1000µl, Cat. no. 153830).



Inverted Microscope For use with the TB MODS KIT™

The VanGuard inverted microscope is recommended for use with the MODS procedure. This trinocular brightfield microscope uses a 30W light source and features Infinity Corrected Optics. It comes with 4x and 10x fluorite objectives for 40x and 100x total magnification. Five year warranty.

110 volts	, each	1491INIMODS
220 volts	, each	14911NIMODS220

10 TB MODS Kit™



TB DeCon Red™ Kit (Cat. no. Z30). Used for the digestion and decontamination of sputum specimens.



Clockwise from left: graduated 50ml centrifuge tube (Cat. no. 6289), Water with Tween® 80 (Cat. no. V03), TB Diluting Fluid (Cat. no. R54), McFarland Latex Standard 1 (Cat. no. ML1), SpeedStreaks[™] disposable 10ul loop (Cat. no. HS10F), nylon tipped flocked swab (Cat. no. FS1HD), graduated 1ml disposable transfer pipet (Cat. no. 2121S), 1.5ml microtube (Cat. no. 111720).



Phosphate Buffer, 1L (Cat. no. U192).



MODS test tube rack (Cat. no. 456703) with Middlebrook 7H9 Broth + OADC vials (Cat. no. Z29D).



Middlebrook 7H11 Agar (Cat. no. W35).



Pipettors, adjustable volume (2-20µl, Cat. no. P394020; 20-200µl, Cat. no. P3940200; 100-1000µl, Cat. no. P39401000).





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