



SUMMARY AND EXPLANATION OF THE TEST

The Liofilchem[®] MTSTM (MIC Test Strip) are gradient tests used to determine the minimum inhibitory concentration (MIC) of select bacteria to indicate appropriate patient treatment and for identifying resistance patterns. The MIC is the minimum inhibitory concentration of an antibiotic that will inhibit the growth of bacteria under standardized *in vitro* conditions. Broth and agar dilution MIC procedures based on two-fold serial dilutions of antibiotics are the reference methodologies; expected reproducibility of which is within ± 1 two-fold dilution (¹).

PRINCIPLE OF THE METHOD

MTSTM are made of special high quality paper impregnated with a predefined concentration gradient of antibiotic, across 15 two-fold dilutions like those of a conventional MIC method. When the MTSTM is applied onto an inoculated agar surface, the preformed exponential gradient of antimicrobial agent diffuses into the agar for over an hour. After incubation, a symmetrical inhibition ellipse centered along the strip is formed. The MIC is read directly from the scale in terms of μ g/mL at the point where the edge of the inhibition ellipse intersects the strip MTSTM.

REAGENTS

MTS[™] is supplied in 3 different packaging options (no additional reagents are included):

- The 10-test box contains 10 strips individually packed in desiccant envelops and an instruction sheet.
- The 30-test box contains 30 strips individually packed in desiccant envelops and an instruction sheet.
- The 100-test box contains 10 desiccant envelops, each containing 10 strips, and an instruction sheet. The 100-test pack also contains a storage tube.

DIRECTIONS FOR USE

Storage

<u>Unopened foil packages</u>: On receipt, store MTSTM at -20° C to $+8^{\circ}$ C until the given expiry date. Some MTSTM (e.g. carbapenems) should be stored frozen at -20° C. Check the drug-specific MTSTM supplement for the specific storage temperature.

<u>Opened foil packages</u>: Leftover MTSTM from an opened foil package (valid for 100 strip pack only, as the 10 and 30 strip packs contain individually packed strips) must be stored at 2-8°C in the airtight tube, containing desiccant, provided in the pack for no more than 7 days. Do not store near sources of heat and do not expose to excessive temperature variations.

Handling

Before using the MTSTM from an unopened package, visually inspect to ensure the package is intact. Do not use the strips if the package has been damaged. When removed from the refrigerator, allow the package or storage container to reach room temperature for about 30 minutes. Moisture condensing on the outer surface must evaporate completely before opening the package.

Precautions

The MTSTM is not classified as being hazardous according to current regulations but fall within the specific field of application where a safety data sheet must be supplied because they can cause phenomena of sensitization in sensitive subjects if they come into contact with the skin. The MTSTM is a disposable product. The MTSTM is only for diagnostic *in vitro* use and is intended for professional use. They must be used in the laboratory by properly trained operators using approved aseptic and safety methods for pathogenic agents.

Materials Required but Not Provided:

- Agar plate medium (validated by the media manufacturer for use with antimicrobial susceptibility testing, 90 or 150 mm plates)
- Suspension medium
- McFarland turbidity standard

(The medium to be used as well as the inoculum suspension will depend on the organism under investigation, see the MTS[™] Supplement for more information)

- Sterile loops, swabs (not too tightly spun), test tubes, pipettes and scissors
- Forceps
- Incubator $(35 \pm 2^{\circ}C)$
- Quality control organisms
- Additional technical information from www.liofilchem.com

Inoculum Preparation

Suspend well-isolated colonies from an overnight agar plate into the suspension medium to achieve the turbidity of the recommended McFarland standard. If the inoculum concentration is correct, a confluent lawn of growth will be obtained after incubation. If insufficient growth occurs, the testing should be repeated. In order to verify that your procedure gives the correct inoculum density in terms of CFU/mL (a 0.5 McFarland approximately corresponds to 1-2 x 10⁸ CFU/mL for *E. coli*) performing regular colony counts is recommended.

Inoculation

Dip a sterile swab in the broth culture or in a diluted form thereof and squeeze it on the wall of the test tube to eliminate excess liquid. Streak the swab over the entire sterile agar surface. Repeat this procedure by streaking 2 more times, rotating the plate approximately 60 degrees each time to ensure an even distribution of inoculum. Allow excess moisture to be absorbed so that the surface is completely dry before applying MTSTM.

Application

Apply the strip to the agar surface with the scale facing upwards and code of the strip to the outside of the plate, pressing it with a sterile forceps on the surface of the agar and ensure that whole length of the antibiotic gradient is in complete contact with the agar surface. Once applied, do not move the strip.

Incubation

Incubate the agar plates in an inverted position at the appropriate temperature, atmosphere and time. Refer to the drug-specific MTSTM Supplement for specific incubation instructions.

Eliminating Used Material

After use, MTSTM and the material that comes into contact with the sample must be decontaminated and disposed of in accordance with current laboratory techniques for the decontamination and disposal of potentially infected material.

Reading the MIC

Observe where the relevant inhibition ellipse intersects the strip and read the MIC at complete inhibition (unless otherwise instructed in the drug-specific MTSTM Supplement). Growth along the entire gradient i.e. no inhibition ellipse indicates that the value is greater than or equal to (\geq) the highest value on the scale. An inhibition ellipse that intersects below the lower end of the scale is read as less than (<) the lowest value. An MIC of 0.125 µg/mL is considered the same as 0.12 µg/mL for reporting purposes. See the appropriate MTSTM product supplements for example specific drug/organism photographs. Also consult the MTSTM Photographic Guide.

Result Interpretation

To categorize the result according to the interpretive criteria, refer to the appropriate MTS^{TM} product supplement for the specific antimicrobial agent interpretive criteria. Since MTS^{TM} generates MIC values which fall between two-fold dilutions for interpretation, an MTS^{TM} MIC value which falls between standard two-fold dilutions must be rounded up to the next standard upper two fold value before categorization. For example a *S. aureus* vancomycin MIC of 1.5 µg/mL is reported as 2 µg/mL.

QUALITY CONTROL

To check the performance of the MTSTM result, test the quality control strain(s) as shown in the appropriate MTSTM product supplement. Patient isolate results are considered satisfactory if the quality control result(s) fall within the expected range(s). Patient isolate results should not be reported if the quality control results are outside of this stated QC range. MIC results for a QC strain that fall a half dilution below the lower QC limit should be rounded up to the next upper two-fold value which would establish QC compliance. MIC results that are a half dilution above the upper limit would be rounded up to the next upper two fold value which would result in non-QC compliance.

LIMITATIONS

Refer to the drug-specific MTS™ Supplement.

EXPECTED VALUES

Expected results for susceptibility tests will vary based on location and institution. Organism resistance patterns will be directly related to the population of organisms at each site.

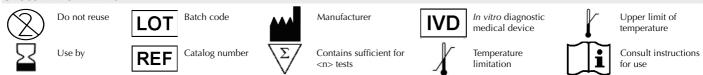
PERFORMANCE CHARACTERISTICS

Refer to the drug specific MTSTM Supplement.

REFERENCES

1. CLSI. *Methods for Dilution Antimicrobial Susceptibility Tests for Bacteria That Grow Aerobically*. 11th ed. CLSI standard M07. Wayne, PA: Clinical and Laboratory Standards Institute; 2018.

GLOSSARY OF TERMS



MTSTM (MIC Test Strip), International Patent

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Indications for Use/Intended Use

The Liofilchem[®] MTSTM (MIC Test Strip) is a quantitative method intended for the *in vitro* determination of antimicrobial susceptibility of bacteria. MTSTM consists of specialized paper impregnated with a pre-defined concentration gradient of an antimicrobial agent, which is used to determine the minimum inhibitory concentration (MIC) in μ g/mL of antimicrobial agents against bacteria as tested on agar media using overnight incubation and manual reading procedures.

The MTS[™] Delafloxacin at concentrations of 0.002 – 32 µg/mL should be interpreted at 16-20 hours of incubation. MTS[™] DLX can be used to determine the MIC of delafloxacin against the microorganisms listed in the table below:

Delafloxacin Activity According to the FDA Label			
Clinical and in vitro		<i>in vitro</i> only	
Gram-negative bacteria	Gram-positive bacteria	Gram-negative bacteria	
Escherichia coli Klebsiella pneumoniae Enterobacter cloacae Pseudomonas aeruginosa	Staphylococcus aureus (including methicillin- resistant and methicillin-sensitive strains) Staphylococcus haemolyticus Staphylococcus lugdunensis Enterococcus faecalis	Klebsiella (Enterobacter) aerogenes Klebsiella oxytoca Proteus mirabilis	

Specifications

Antibiotic code: DLX MIC range: 0.002-32 µg/mL Antibiotic group: Fluoroquinolone

Directions for Use

Follow the MTS™ package insert instructions.

Procedures specific to MTSTM Delafloxacin:

Storage	Temperature between -20°C and +8°C
Organism	S. aureus, S. haemolyticus, S. lugdunensis, E. faecalis, Enterobacteriaceae, P. aeruginosa
Medium	Mueller Hinton Agar
Inoculum	Suspension in saline (0.85% NaCl) to 0.5 McFarland standard
Incubation	Agar plates in inverted position at 35 ± 2 °C for 16-20 hours in ambient atmosphere
Reading	100% inhibition

FDA delafloxacin interpretive criteria (µg/mL)

Use the following breakpoints to categorize the result according to the interpretive criteria (i.e. susceptible or resistant). An MTSTM MIC value which falls between standard two-fold dilutions must be rounded up to the next standard upper two fold value before categorization. For example a *S. aureus* delafloxacin MIC of 0.19 μ g/mL is reported as 0.25 μ g/mL (see reading guide for example pictures).

Bacterial Species	Susceptible	Intermediate	Resistant
S. aureus	≤0.25	0.5	≥1
S. haemolyticus	≤0.25	0.5	≥1
E. faecalis	≤0.12	0.25	≥0.5
Enterobacteriaceae	≤0.25	0.5	≥1
P. aeruginosa	≤0.5	1	≥2

US FDA Ref: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/208610s000,208611s000lbl.pdf

Quality Control range (µg/mL) (CLSI M100S Performance Standards for Antimicrobial Susceptibility Testing, 28th Edition)

To check the performance of the MTSTM Delafloxacin, media and procedure, test **S. aureus ATCC 29213**, **F. faecalis ATCC 29212**, **F. coli ATCC 25922** and **P. aeruginosa ATCC 27853** according to the method as outlined in the MTSTM package insert. Results are considered satisfactory if they fall within the following ranges:

Quality Control Strain	Acceptable MIC Range (µg/mL)
Staphylococcus aureus, ATCC [®] 29213*	0.001 - 0.008
Enterococcus faecalis, ATCC [®] 29212	0.015 - 0.12
Escherichia coli, ATCC® 25922	0.008 - 0.03
Pseudomonas aeruginosa, ATCC® 27853	0.12 – 0.5
*The MTSIM Delefloyacin door not include the ful	CLSI/EDA recommended dilution range for OC to

*The MTS™ Delafloxacin does not include the full CLSI/FDA-recommended dilution range for QC testing with S. aureus ATCC 29213.

Performance Characteristics Correlation to Reference Method¹

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	Ν	% Essential Agreement	% Category Agreement
S. aureus (including MSSA and MRSA) ²	224	96.4	93.8
S. haemolyticus	36	100	66.7
S. lugdunensis ³	23	100	not applicable ⁴
E. faecalis	105	100	95.2
Enterobacteriaceae	308	98.4	98.1
P. aeruginosa	140	97.9	94.3

¹ For the plate inoculation procedure, one testing site utilized a plate rotator (Retro C80) to assist even distribution of inoculum. There was no difference in performance for the site using the plate rotator as compared to sites using the manual plate inoculation method.

- ² The MTSTMDelafloxacin MIC values tended to be in exact agreement or at least one doubling dilution higher when testing *S. aureus* (including methicillin resistant and methicillin susceptible isolates) compared to the CLSI reference broth microdilution.
- ³ The MTSTM Delafloxacin MIC values tended to be in exact agreement or at least one doubling dilution lower when testing *S. lugdunensis* compared to the reference broth microdilution.
- ⁴ Category Agreement is not calculated because delafloxacin breakpoints for *S. lugdunensis* have not been established by the FDA.

Reproducibility

100% of MTSTM Delafloxacin results for non-fastidious Gram-negative bacteria (7 *Enterobacteriaceae* and 3 *P. aeruginosa* tested in triplicate at 3 sites on 3 days) were within a doubling dilution of reference broth microdilution results. 100% of MTSTM Delafloxacin results for non-fastidious Gram-positive bacteria (7 *S. aureus* MSSA and MRSA strains and 3 *E. faecalis* tested in triplicate at 3 sites on 3 days) were within a doubling dilution of reference BMD results. Limitations

The ability of the MTSTM to detect resistant isolates with the following drug/bacterial species combinations is unknown because resistant isolates were either not available or an insufficient number was encountered at the time of comparative testing. Delafloxacin: *Klebsiella (Enterobacter) aerogenes*

Characterization of Topoisomerase IV and DNA gyrase quinolone-resistance determining regions (QRDRs) and altered efflux resistance mechanisms was not available for organisms at the time of comparative testing, and therefore the performance of MTSTM Delafloxacin for non-fastidious Gram-negative bacilli and Gram-positive cocci with these resistance mechanisms is unknown for the following:

Enterobacteriaceae, P. aeruginosa, S. aureus, S. haemolyticus, S. lugdunensis and E. faecalis.

Example 6:

The safety and efficacy of delafloxacin in treating clinical infections due to Gram-negative organisms other than *E. coli, K. pneumoniae, E. cloacae,* and *P. aeruginosa* may not have been established in adequate and well-controlled clinical trials. The clinical significance of susceptibility information in such instances is unknown.

MTS[™] Delafloxacin Reading Guide

Example 1: S. aureus, DLX MIC = 0.006 µg/mL, reported as 0.008 µg/mL



Example 2: *S. aureus,* DLX MIC = 0.006 µg/mL, reported as 0.008 µg/mL



Example 5: *E. coli*, DLX MIC = 0.012 µg/mL, reported as 0.016 µg/mL

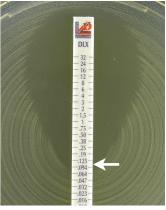


K. pneumoniae, DLX MIC = 0.5 μg/mL

Example 3: *E. faecalis,* DLX MIC = 0.094 µg/mL, reported as 0.125 µg/mL



Example 4: *E. faecalis*, DLX MIC = 0.094 µg/mL, reported as 0.125 µg/mL



Example 7: *E. cloacae*, DLX MIC = 0.094 µg/mL, reported as 0.125 µg/mL



Example 8: *P. aeruginosa,* DLX MIC = 0.125 µg/mL



PRESENTAT	ION	µg/mL	Code	Packaging	Ref.
				10	920801
MTS™	Delafloxacin	0.002-32	DLX	30	92080
				100	920800

MTS™ (MIC Test Strip), International Patent

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