

[to be date of distribution]

URGENT Product Correction Notice

Our ref: 4075 FSCA

Dear Valued bioMérieux customer,

Our records indicate that your laboratory performs VITEK® 2 Antimicrobial Susceptibility Testing (AST) using one or more of these susceptibility products:

| Reference | Description | | |
|-----------|-------------------|--|--|
| 410028 | VITEK® 2 AST-ST01 | | |
| 420915 | VITEK® 2 AST-ST02 | | |
| 421040 | VITEK® 2 AST-ST03 | | |

Description of Issue:

Customers in Europe reported false resistant Ceftriaxone results for *Streptococcus anginosus* and *Streptococcus constellatus* strains when using VITEK® 2 AST-ST01 and AST-ST03 cards and VITEK® 2 Systems Software 8.01 with EUCAST breakpoints. These false resistant results were reproduced internally by testing customer strains. A Ceftriaxone MIC overestimation was observed compared to the reference result.

An internal study confirmed the performance of *Streptococcus anginosus, Streptococcus constellatus*, and *Streptococcus intermedius* had shifted for Ceftriaxone. With EUCAST Global European-based breakpoints, having no Intermediate MIC, this may constitute a category difference. Many strains demonstrated a result of MIC=1 (R) with EUCAST breakpoints, when an MIC=1 remains susceptible (S) for CLSI, Global CLSI-based and FDA breakpoints.

The VITEK® 2 Ceftriaxone test is included on all AST-ST cards intended for testing streptococci. All lots of AST-ST01, AST-ST02, and AST-ST03 are impacted and are distributed globally.

| Limitation | VITEK® 2 AST-ST Limitation |
|---|--|
| Perform an alternate method of testing prior to reporting resistant results for the following antibiotic/organism combination(s). | Ceftriaxone (cro01n): Streptococcus anginosus Streptococcus constellatus Streptococcus intermedius |

The VITEK® 2 system can be configured via bioART to automatically notify the user of the associated Limitation during testing of an impacted antibiotic/organism combination (reference the VITEK® 2 Software User Manual, 514742-1XX1 where XX is the two-letter language designation).

This letter applies only to customers using EUCAST breakpoints. Existing VITEK® 2 Limitations for EUCAST breakpoints remain in effect and are not impacted by those referenced in this letter.



Impact to customer:

There exists the potential to report false resistant ceftriaxone results for *Streptococcus anginosus*, *Streptococcus constellatus*, and *Streptococcus intermedius*.

Actions:

We request you take the following action at this time:

- Please confirm this letter has been distributed and reviewed by all appropriate personnel within your organization.
- Reference your Laboratory Standard Operating Procedures to identify card types and breakpoints used in your facility to determine if your laboratory is impacted by the issue described in this letter.
- Reference your Laboratory Standard Operating Procedures to identify if retrospective analysis is required for reported results associated with the referenced limitation.
- For systems utilizing EUCAST breakpoints and operating with VITEK® 2 Systems Software version 8.01, create a bioART Rule for the referenced limitation associated with Ceftriaxone (cro01n).
- Please store this letter with your bioMérieux instrument documentation.

Please complete the attached Acknowledgement Form (Attachment A) and return it to bioMérieux, Inc.

bioMérieux, Inc. is committed to providing our customers with the highest quality products, and we apologize for any inconvenience this has caused your business. If you have any questions or concerns, please contact your local bioMérieux representative.

Thank you for your continued use of bioMérieux products,

bioMérieux, Inc.

[Enter Local Contact]



Attachment A: Acknowledgement Form.

URGENT PRODUCT CORRECTION NOTICE

FSCA - 4075 - VITEK® 2 AST-ST Ceftriaxone EUCAST Limitation for Streptococcus anginosus group

| Customer Information: Customer Account Number: _ | 0 | rganization Name: | | | |
|--|-------------------------|-------------------------------------|----------------|-----|----|
| Street Address: | | | | | |
| City, State and Postal Code: | | | | | |
| Contact Name: | | | | | |
| Contact Title: | | | | | |
| Phone Number: | | | | | |
| Thone Number. | | | | | |
| Product Information: | | | | | |
| | Catalog Number | Description | | | |
| | 410028 | VITEK® 2 AST-ST01 | | | |
| | 420915 | VITEK® 2 AST-ST02 | | | |
| | 421040 | VITEK® 2 AST-ST03 | | | |
| | | | | | |
| Questions: | | | | | |
| 1 Have you read the e | enclosed Product Re | moval Notice regarding VITEK® 2 | AST-ST | Yes | No |
| Ceftriaxone EUCAST Li | | moval Notice regarding VII EN 2 | 7.01 01 | | |
| | | nplemented the actions as indicate | | | |
| Urgent Product Correction below. | on Notice? If no, ple | ease indicate the reason in the Cor | nments section | | |
| | ports of illness or inj | ury related to the VITEK® 2 AST- | ST Ceftriaxone | | |
| EUCAST Limitation is: | | · | | | |
| Comments: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Signature: | | Date: | | | |

It is important that you complete this Acknowledgement Form and return it to bioMérieux.

Please fax this form to: [Enter Local Contact] To the attention of: [Enter Local Contact]