



ID NOW™ STREP A 2 — MOLECULAR. IN MINUTES.™

SIMPLIFIED STREP A TESTING

COMPLETE THE WORKUP WITHOUT THE
NEED FOR CULTURE CONFIRMATION

ID NOW™ Strep A 2 combines molecular accuracy
and speed with results in **2–6 minutes¹** —
the fastest test on the market.²

- Highly sensitive molecular technology requires no culture confirmation for negative results
- Single test facilitates compliance with clinical practice guidelines, while simplifying workflow
- Reliable and actionable results improve patient satisfaction and appropriate use of antibiotics³⁻⁵



EARLY AND APPROPRIATE TREATMENT WITH POINT-OF-CARE STREP A TESTING



TESTING FOR STREP A IS RECOMMENDED. Strep A pharyngitis cannot be diagnosed by clinical features alone, per the American Academy of Pediatrics® (AAP).⁶



DECREASE TRANSMISSION AND MINIMIZE ABSENTEEISM. When treated by 5 p.m., and if without fever the next morning, individuals may safely return to work or school.⁷



TREAT AS EARLY AS POSSIBLE. Speed recovery and avoid invasive group A strep infections.

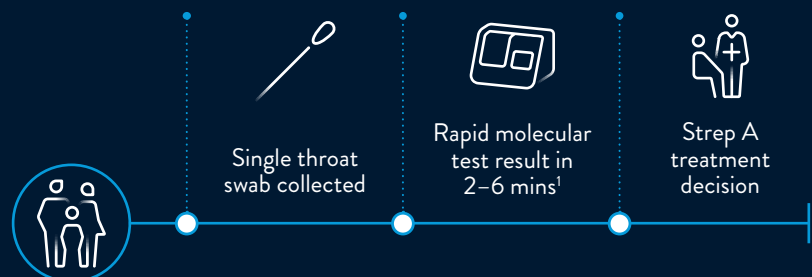


MINIMIZE UNNECESSARY ANTIBIOTIC USE. HEDIS measures assess if a strep A test was performed when antibiotics have been prescribed to treat strep A pharyngitis.⁸

ID NOW™ STREP A 2 MOLECULAR TEST STREAMLINES WORKFLOW AT THE POINT OF CARE

- Allows confident prescribing with a single test result during the patient encounter⁵
- Eliminates 71.2% of culture confirmation send-outs,* calls and follow-up⁵
- Minimizes treatment adjustments and chart updates
- Increases antimicrobial stewardship and improves patient outcomes^{5,6}

Single molecular test result in 2–6 minutes¹



NO culture required. Workup complete.

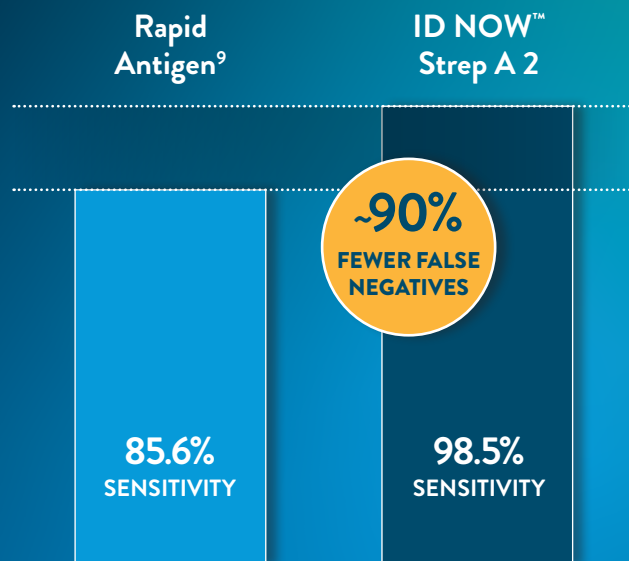
*Based on 30% prevalence and performance of antigen tests⁹ and ID NOW™ Strep A 2 test

UNCOMPROMISED MOLECULAR PERFORMANCE

TREAT WITH HIGHER CONFIDENCE

Molecular technologies – isothermal and PCR – provide highly sensitive test results. The ID NOW™ platform uses isothermal technology to provide molecular results faster than PCR with equivalent detection of Strep A.¹⁰

- Generates nearly **90% fewer false negatives** than rapid antigen tests**
- Highly sensitive performance allows you to diagnose and treat with confidence



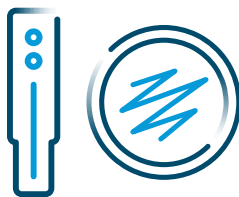
**Test sensitivity performance comparison of antigen tests and the ID NOW™ Strep A 2

Culture used as reference method.

RECOMMENDATIONS FOCUS ON REDUCING FALSE NEGATIVES



AAP and IDSA/ASM clinical practice guidelines recommend culture confirmation in pediatric patients with a negative antigen test.^{6,11,12}



Antigen test instructions recommend culture confirmation when negative in pediatric patients. Refer to test Instructions for Use for culture confirmation recommendations.



CAP and the Joint Commission® inspect for culture confirmation.^{13,14}



Manufacturer instructions must be followed to retain CLIA waiver.

ID NOW™ RAPID MOLECULAR PLATFORM

CLIA WAIVED TO STANDARDIZE USE ACROSS CARE SETTINGS



- Minimal training with on-screen video-guided operation
- No complex sample handling or manual pipetting required
- Room temperature storage — run tests on demand, right out of the box
- Robust on-board software, and POC Link connectivity tool to enable streamlined remote software updates for ID NOW™ Instruments.

ID NOW™ RESPIRATORY ASSAY MENU

COVID-19	Influenza A & B	Strep A	RSV
6–12 mins	5–13 mins ¹⁵	2–6 mins ¹	≤ 13 mins

THE POINT. IS CARE.

PRODUCT NAME	PRODUCT CODE	CPT® CODE ⁺	MEDICARE RATE ⁺⁺
ID NOW™ STREP A 2 TEST KIT	734-000	87651	\$35.09
ID NOW™ STREP A 2 CONTROL SWAB KIT	734-080		
ID NOW™ INSTRUMENT	NAT-024		

Each test kit contains 24 tests, collection swabs and controls.



CONTACT YOUR LOCAL ABBOTT REPRESENTATIVE
OR VISIT [GLOBALPOINTOFCARE.ABBOTT](https://globalpointofcare.abbott)

¹Providers with a CLIA Certificate of Waiver should use the QW modifier when appropriate.

⁺⁺2024 Medicare Clinical Laboratory Fee Schedule.

Current Procedural Terminology (CPT®) code information and current Medicare allowable reimbursement rates available at www.codemap.com/abbottpoc.

As a courtesy to its customers, Abbott provides the most accurate and up-to-date information available, but it is subject to change and interpretation. The customer is ultimately responsible for determining the appropriate codes, coverage, and payment policies for individual patients. Abbott does not guarantee third party coverage of payment for our products or reimburse customers for claims that are denied by third party payors.

1. ID NOW™ Strep A 2 clinical trial data, held on file. 2. ID NOW™ Rapid Test Times to Result Analysis (v1.0). 3. Sohn AJ, et al. Use of Point-of-Care Tests (POCTs) by US Primary Care Physicians. *J Am Board Fam Med*. 2016 May-Jun;29(3):371-6. 4. Crocker B, et al. Patient satisfaction with point-of-care laboratory testing: report of a quality improvement program in an ambulatory practice of an academic medical center. *Clin Chim Acta*. 2013 Sep 23;424:8-11. 5. Weinzierl EP, et al. Comparison of Alere i Strep A Rapid Molecular Assay With Rapid Antigen Testing and Culture in a Pediatric Outpatient Setting. *Am J Clin Pathol*. 2018 Jul 31;150(3):235-239. 6. Group A streptococcal Infections, in: Red Book: 2021–2024 Report of the Committee on Infectious Diseases. 32nd edition. By: Committee on Infectious Diseases, American Academy of Pediatrics, Kimberlin DW, Barnett ED, Lynfield R, Sawyer MH. American Academy of Pediatrics; 2021:694-707. 7. Schwartz RH, et al. A Reappraisal of the Minimum Duration of Antibiotic Treatment Before Approval of Return to School for Children With Streptococcal Pharyngitis. *Pediatr Infect Dis J*. 2015 Dec;34(12):1302-4. 8. Electronic Clinical Quality Measures (eCQM). Appropriate Testing for Pharyngitis. Quality ID #66, 2023. Updated Dec 14, 2023, accessed Jan 11, 2024. <https://ecqi.healthit.gov/ecqm/ec/2024/cms0146v12>. 9. Cohen JF, et al. Rapid antigen detection test for group A streptococcus in children with pharyngitis (Review). *Cochrane Database Syst Rev*. 2016 Jul 4;7(7):CD010502. 10. Thompson TZ, McMullen AR. Group A Streptococcus Testing in Pediatrics: the Move to Point-of-Care Molecular Testing. *J Clin Microbiol*. 2020 May 26;58(6):e01494-19. 11. Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2012 Nov 15;55(10):1279-82. 12. Miller JA, et al. A Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2018 Update by the Infectious Diseases Society of America and the American Society for Microbiology. *Clin Infect Dis*. 2018; Aug 31;67(6):e1-e94. 13. College of American Pathologists.® Point-of-Care-Testing Checklist. 9.22.2021. 14. The Joint Commission.® Is it required to perform culture follow-up on all negative rapid Group A Strep screens? Ambulatory, Waived Testing. Updated Nov 1, 2021, accessed Jan 11, 2024. <https://www.jointcommission.org/standards/standard-faqs/ambulatory/waived-testing-wt/000001726/>. 15. ID NOW™ Influenza A & B 2 clinical trial data, held on file.

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