



# Pneu

## Pneumonia Panel

**GA Test Code** 7638

**Method** *FDA-cleared* BioFire® FilmArray® Pneumonia Panel by nested multiplex PCR

### Bacteria (reported semi-quantitatively with copies/mL bin results)

<i>Acinetobacter calcoaceticus-baumannii</i> complex	<i>Proteus</i> spp.
<i>Enterobacter cloacae</i> complex	<i>Pseudomonas aeruginosa</i>
<i>Escherichia coli</i>	<i>Serratia marcescens</i>
<i>Haemophilus influenzae</i>	<i>Staphylococcus aureus</i>
<i>Klebsiella aerogenes</i>	<i>Streptococcus agalactiae</i>
<i>Klebsiella oxytoca</i>	<i>Streptococcus pneumoniae</i>
<i>Klebsiella pneumoniae</i> group	<i>Streptococcus pyogenes</i>
<i>Moraxella catarrhalis</i>	

### Antimicrobial Resistance Genes

CTX-M  
IMP  
KPC  
*mecA/C* and MREJ  
NDM  
OXA-48-like  
VIM

### Atypical Bacteria (qualitative)

*Chlamydia pneumoniae*  
*Legionella pneumophila*  
*Mycoplasma pneumoniae*

### Viruses (qualitative)

Adenovirus	Influenza A
Coronavirus	Influenza B
Human Metapneumovirus	Parainfluenza Virus
Human Rhinovirus/Enterovirus	Respiratory Syncytial Virus

**Specimens** **Bronchial Washings:** 0.5 (min 0.2) mL, refrigerated for up to 96 hours, in sterile plastic leak-proof container. Ship with cold pack.  
**Performance:** 96.2% Sensitivity and 98.3% Specificity  
**Sputum:** 0.5 (min 0.2) mL, ambient (24 hrs) or refrigerated (96 hrs) in sterile plastic leak-proof container. Ship with cold pack.  
**Performance:** 96.3% Sensitivity and 97.2% Specificity

**Causes for Rejection** Time and/or temperature instructions not followed; QNS for analysis.  
**NOTE:** Specimens should not be centrifuged, pre-processed, treated with any mucolytic or decontaminating agents, nor placed into transport media.

**Reference Range** Not Detected

**Turnaround Time** 1-6 hours from receipt of sample

**CPT Codes** 87150, 87486, 87541, 87581, 87632, 87640, 87798

### Description

The *FDA-cleared* BioFire FilmArray Pneumonia Panel is a multiplexed nucleic acid test intended for the simultaneous detection and identification of multiple respiratory viral and bacterial nucleic acids, as well as select antimicrobial resistance genes, in sputum or bronchoalveolar lavage (BAL)-like specimens obtained from individuals suspected of lower respiratory tract infection.

### Clinical Utility

Pathogens infecting the lower respiratory tract cause acute local and systemic disease, with the most severe cases occurring in children, the elderly, and immunocompromised individuals. Due to the similarity of diseases caused by many viruses and bacteria, diagnosis based on clinical symptoms alone is difficult. Identification of potential causative agents, as well as the relative abundance of common bacterial agents, provides data to aid the physician in determining appropriate patient treatment and public health response for disease containment.

## Genetic Assays, Inc.