# Protocols for Laboratory Verification of Performance of the BIOFIRE® FILMARRAY® Pneumonia Panel *plus*

## Laboratory Protocols for Use with a ZeptoMetrix NATtrol™ Verification Panel

**For use outside US.**
**Use in the US is only in cases where MERS-CoV is suspected.**

## Purpose

The Clinical Laboratory Improvement Amendments (CLIA), passed in 1988, establishes quality standards for all laboratory testing to ensure the accuracy and reliability of patient test results, regardless of where the test is performed. The CLIA regulations include a requirement for verifying the performance specifications of unmodified, moderate, and high complexity tests cleared or approved by the FDA. The BIOFIRE® FILMARRAY® Pneumonia Panel *plus* (BIOFIRE Pneumonia Panel *plus*) has been categorized by the FDA as a CLIA high complexity test.

This document provides examples of verification procedures to assist your laboratory in developing a protocol for the verification of the BIOFIRE Pneumonia Panel *plus* performance on BIOFIRE® FILMARRAY® 2.0 and BIOFIRE® FILMARRAY® TORCH systems as required by CLIA. Verification schemes, compatible with the BIOFIRE Pneumonia Panel *plus*, have been designed using non-clinical specimens. Each scheme provides positive and negative tests for each organism detected by the BIOFIRE Pneumonia Panel *plus*, as well as semi-quantitative bin results for bacterial interpretations to demonstrate the ability to distinguish between relative abundance levels in a single test. Middle East Respiratory Syndrome Coronavirus (MERS-CoV) is provided as two inactive recombinants, each targeting a unique assay on the BIOFIRE Pneumonia Panel *plus*. The pooling scheme provided will give equivocal detections for MERS-CoV and is designed to reduce false positive detections. The schemes may be easily modified or expanded to meet specific criteria. Day-to-day variation is evaluated by testing each sample on two separate days. To evaluate user-to-user variation, multiple laboratory technicians may test the same sample. In addition, testing patient samples representative of the different types expected to be tested by the laboratory (ex. Sputum, ETA, BAL) for verification of the performance of the BIOFIRE Pneumonia Panel *plus* should be done under the guidance of the Laboratory Director, but is not described here.

As per the CLIA regulation, the Laboratory Director is ultimately responsible for ensuring that verification procedures meet the appropriate standards for CLIA and applicable laboratory accrediting agencies.

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## BIOFIRE Intended Use

### Intended Use Outside the US

The BIOFIRE® FILMARRAY® Pneumonia Panel *plus* (BIOFIRE Pneumonia Panel *plus*) is a multiplexed nucleic acid test intended for use with BIOFIRE® FILMARRAY® 2.0 (BIOFIRE 2.0), or BIOFIRE® FILMARRAY® TORCH (BIOFIRE TORCH) systems for the simultaneous detection and identification of multiple respiratory viral and bacterial nucleic acids, as well as select antimicrobial resistance genes, in sputum-like specimens (induced or expectorated sputum, or endotracheal aspirates) or bronchoalveolar lavage (BAL)-like specimens (BAL or mini-BAL) obtained from individuals suspected of lower respiratory tract infection.

### Intended Use in the US
### Note: Only for cases where Middle East respiratory syndrome coronavirus (MERS-CoV) is suspected.

The BIOFIRE® FILMARRAY® Pneumonia Panel *plus* (BIOFIRE Pneumonia Panel *plus*) is a multiplexed nucleic acid test intended for use with BIOFIRE® FILMARRAY® 2.0 (BIOFIRE 2.0) or BIOFIRE® FILMARRAY® TORCH (BIOFIRE TORCH) systems for the simultaneous detection and identification of nucleic acids from Middle East respiratory syndrome coronavirus (MERS-CoV) and multiple respiratory viral and bacterial nucleic acids, as well as select antimicrobial resistance genes, in sputum-like specimens (induced or expectorated sputum, or endotracheal aspirates) or bronchoalveolar lavage (BAL)-like specimens (BAL or mini-BAL) obtained from individuals meeting MERS-CoV clinical and/or epidemiological criteria.

The following bacteria are reported semi-quantitatively with bins representing approximately $10^4$, $10^5$, $10^6$, or $\geq 10^7$ genomic copies of bacterial nucleic acid per milliliter (copies/mL) of specimen, to aid in estimating relative abundance of nucleic acid from these common bacteria within a specimen:

| Bacteria reported with bins of 10^4, 10^5, 10^6, or ≥107 copies/mL | | |
|---|---|---|
| *Acinetobacter calcoaceticus-baumannii* complex | *Klebsiella oxytoca* | *Serratia marcescens* |
| *Enterobacter cloacae* complex | *Klebsiella pneumoniae* group | *Staphylococcus aureus* |
| *Escherichia coli* | *Moraxella catarrhalis* | *Streptococcus agalactiae* |
| *Haemophilus influenzae* | *Proteus* spp. | *Streptococcus pneumoniae* |
| *Klebsiella aerogenes* | *Pseudomonas aeruginosa* | *Streptococcus pyogenes* |

The following atypical bacteria, viruses, and antimicrobial resistance genes are reported qualitatively:

| Atypical Bacteria | | |
|---|---|---|
| *Chlamydia pneumoniae* | *Legionella pneumophila* | *Mycoplasma pneumoniae* |
| **Viruses** | | |
| **Middle East respiratory syndrome coronavirus (MERS-CoV)** | | |
| Adenovirus | Human rhinovirus/enterovirus | Parainfluenza virus |
| Coronavirus | Influenza A | Respiratory syncytial Virus |
| Human metapneumovirus | Influenza B | |
| **Antimicrobial Resistance Genes** | | |
| CTX-M | NDM | *mecA/C* and MREJ (MRSA) |
| IMP | OXA-48-like | |
| KPC | VIM | |

The complete intended use statement and additional information about the use of the BIOFIRE® FILMARRAY® System can be found in the associated BIOFIRE Pneumonia Panel *plus* Instructions for Use (OUS or US version).

## Performance Verification: Overview

Two different examples of performance verification procedures are described. Both procedures evaluate the performance of each assay on the BIOFIRE Pneumonia Panel *plus* using samples in the presence of synthetic or clinical matrix background. A Synthetic Matrix Protocol describes the verification of the BIOFIRE Pneumonia Panel *plus* performance in either a synthetic background (Negative) provided with the ZeptoMetrix control organisms or in Artificial Bronchoalveolar Lavage Matrix (aBAL). Preparation of aBAL is described in the Performance Verification: Protocols section below. A Clinical Matrix Protocol evaluates the performance of each assay on the BIOFIRE Pneumonia Panel *plus* in a clinical specimen matrix (induced or expectorated sputum, endotracheal aspirates or bronchoalveolar lavage (BAL)-like specimens (BAL or mini-BAL)). These protocols are examples of procedures to assist your laboratory in developing a protocol for the verification of BIOFIRE Pneumonia Panel *plus* performance on BIOFIRE Systems.

**Note:** It is important to characterize aBAL or clinical matrix specimens for BIOFIRE Pneumonia Panel *plus* targets by screening the specimen on the BIOFIRE Pneumonia Panel *plus* prior to starting the verification procedure. The optimal specimen will be negative for all analytes tested on the BIOFIRE Pneumonia Panel *plus*. If a negative specimen is not available, note the positives and take that into account when reviewing results.

The procedures have been designed to take advantage of the multiplex nature of the BIOFIRE Pneumonia Panel *plus*. Verification testing efficiency is maximized by evaluating multiple target organisms in a single test run. The procedures will generate multiple positive and negative detections for each of the BIOFIRE Pneumonia Panel *plus* assays. In addition, semi-quantitative bacteria are reported with relative bin values of 10^4, 10^5, 10^6, or ≥10^7 copies/mL. The protocols described will generate detections in high bins (10^6-≥10^7) and low bins (10^4-10^5) to demonstrate the ability to differentiate organism levels in a single test run. Middle East respiratory syndrome coronavirus (MERS-CoV) is provided as two inactive recombinants, each targeting a unique assay on the BIOFIRE Pneumonia Panel *plus*. The pooling scheme provided will give equivocal detections for MERS-CoV and is designed

to reduce false positive detections. The procedures were developed using Pneumonia Verification Panels available from ZeptoMetrix, Buffalo, NY (NATPPA-BIO + NATPPQ-BIO + NATMR-BIO).

**Note:** The verification schemes described here are designed to reduce possible false positive MERS-CoV detections as a result of control material. MERS-CoV is provided as 2 unique recombinants that target specific assays on the BIOFIRE Pneumonia Panel *plus.* The pooling scheme described in Table 3 will result in Equivocal detections for MERS-CoV in pool 4 and 5. Documentation of MERS-CoV equivocal detections in both pool 4 <u>and</u> pool 5 infers a MERS-CoV positive detection.

A BIOFIRE System is defined as all BIOFIRE® FILMARRAY® Modules that are connected to and controlled by a single computer system. If the laboratory director chooses not to perform the entire verification protocol on each individual instrument or module, it is advised that test replicates are evenly distributed among the instruments or modules. An example of a performance verification workflow using 2, 4, or 6 modules is provided in Figure 2.

Clinical/patient samples may be used in place of, or in addition to, the verification schemes described here in order to assess clinical sensitivity/specificity and sample matrix effects as part of the performance verification of the BIOFIRE Pneumonia Panel *plus*.

**Note:** The laboratory should only perform the verification study with analytes that will be reported using the BIOFIRE Pneumonia Panel *plus* and with the clinical matrix that will be used in their laboratory setting.

**Table 1.** Overview of Verification Protocols

| Verification Protocol | Organisms per Pool | Number of Sample Pools | Replicates per Sample Pool | Pouches Required | Expected Positive Results[a] | Expected Negative Results | Targeted Low Bin Results[b] | Targeted High Bin Results[c] | Approximate Days of Testing[d] |
|---|---|---|---|---|---|---|---|---|---|
| Synthetic Matrix Protocol | 5, 6, or 7 | 5 | 4 | 20 | ≥4 per organism | 8-16 per organism | 32 | 36 | 4 |
| Clinical Matrix Protocol | 5, 6, or 7 | 5 | 4 | 20 | ≥4 per organism | 8-16 per organism | 32 | 36 | 4 |

[a] The expected number of positives and negatives per organism is dependent upon the number strains of a particular organism used to complete the verification. The proposed verification procedure recommends multiple *K. pneumoniae* strains; therefore the number of expected *K. pneumoniae* group positives would be 12 and the number of expected negatives would be 8.

[b] Targeted Low Bin Results represents bacterial detections in the semi-quantitative bins of 10^4-10^5 copies/mL.

[c] Targeted High Bin results represent bacterial detections in the semi-quantitative bins of 10^6-≥10^7 copies/mL.

[d] The approximate number of days for testing assumes a BIOFIRE System configured with one module.

## Performance Verification: Materials

The following materials may be used to perform verification procedures:

**Table 2.** Recommended materials for verification protocols

| Material | Part Number |
|---|---|
| BIOFIRE® FILMARRAY® Pneumonia Panel *plus* Kit (30 tests per kit) | BIOFIRE Diagnostics, LLC: RFIT-ASY-0143 |
| BIOFIRE® FILMARRAY® Pneumonia Panel *plus* Instruction for Use | BIOFIRE Diagnostics, LLC: RFIT-PRT-0895 for OUS and RFIT-PRT-0894 for limited use in US |
| BIOFIRE® FILMARRAY® Pneumonia Panel *plus* Quick Guide | BIOFIRE Diagnostics, LLC: RFIT-PRT-0896 |
| Control Organisms[a] | ZeptoMetrix: NATPPA-BIO, NATPPQ-BIO, and NATMR-BIO |
| Transfer pipettes | VWR:13-711-43 (or similar) |
| Bronchoalveolar lavage (BAL)-like specimens or Sputum-like specimens[b] | Sputum available from Discovery Life Science and Lee BioSolutions |
| Human genomic DNA (1mL of 0.2mg/mL) or equivalent[c] | Roche: 11691112001 (also available from Sigma-Aldrich and Fisher Scientific) |
| Sterile normal saline (0.85 - 0.9% sodium chloride)[c] | Medline: PCS1650 or equivalent |
| 5 mL or 10 mL[c] sample tubes | Various manufacturers |

[a]Any appropriate source of organism may be used for verification of any or all of the assays in the BIOFIRE Pneumonia Panel *plus*. However, when alternate organism sources are used (i.e. not the ZeptoMetrix material), the sample volumes or pooling schemes suggested in the examples below may need to be adjusted.

[b]For use with the Clinical Matrix Protocol. BAL and sputum from various clinical or commercial sources may be used; the vendors listed may not be inclusive.

[c]Optional; needed for preparation of aBAL matrix.

## Performance Verification Protocols

### Synthetic Matrix Protocol

The Synthetic Matrix Protocol evaluates BIOFIRE Pneumonia Panel *plus* performance when control material (ZeptoMetrix NATPPA-BIO, NATPPQ-BIO, and NATMR-BIO) is pooled and combined with a synthetic matrix. Examples of a synthetic matrix include the negative control provided in the control organism panel or Artificial Bronchoalveolar Lavage Matrix (aBAL). The proposed organism pooling scheme in Table 3 should be followed to obtain the expected results for each assay in a time and resource-efficient manner.

**Note:** Dilution of ZeptoMetrix organisms beyond levels proposed in these guidelines may lead to inconsistent results and is not recommended.

Figures 1 and 2 (below) illustrate protocol and workflow schemes for testing 4 replicates per pool for 5 pools over multiple days. This produces a total of 20 verification sample test runs and provides at least 4 positive results and as many as 16 negative results per assay, as well as 32 low bin and 36 high bin detections. Sample distribution in the targeted low and high bins are approximate and bin variation may occur due to sampling differences and run variability. The pooling scheme provides sufficient volume for testing more samples if desired. The number of

samples tested per day should be determined by the individual laboratory. The testing scheme can be modified to run more samples per day based on the number of modules configured on the BIOFIRE System.

**Note:** Target bin levels are relative and may vary between test runs.

Sample pools containing negative control or aBAL may be stored overnight (or up to 3 days) at refrigeration temperature (2–8°C) for subsequent testing to evaluate day-to-day variation. To evaluate user-to-user variation, multiple laboratory operators may perform testing.

**Table 3.** Proposed Organism Pooling Scheme for Verification of the BIOFIRE Pneumonia Panel *plus*

| Pneumonia Verification Panel Organisms | Target Bin Level[a] | Approximate organism volume | Synthetic or Clinical Matrix | Approximate Final Volume of Pool |
|---|---|---|---|---|
| **Pool 1** | | | | |
| *Acinetobacter baumannii* | Low ($10^4$-$10^5$) | 0.2 mL | | |
| *Enterobacter cloacae* | High ($10^6$-≥$10^7$) | 0.2 mL | | |
| *Escherichia coli* (IMP) | Low ($10^4$-$10^5$) | 0.2 mL | 1.2 mL | 2.4 mL |
| *Klebsiella pneumoniae* Z138 (OXA-48-like/CTX-M) | High ($10^6$-≥$10^7$) | 0.2 mL | | |
| *Proteus mirabilis* | Low ($10^4$-$10^5$) | 0.2 mL | | |
| *Serratia marcescens* | High ($10^6$-≥$10^7$) | 0.2 mL | | |
| **Pool 2** | | | | |
| *Klebsiella aerogenes* | High ($10^6$-≥$10^7$) | 0.2 mL | | |
| *Klebsiella oxytoca* | Low ($10^4$-$10^5$) | 0.2 mL | | |
| *Klebsiella pneumoniae* KPC2 (KPC) | High ($10^6$-≥$10^7$) | 0.2 mL | 1.0 mL | 2.0 mL |
| *Pseudomonas aeruginosa* (VIM) | Low ($10^4$-$10^5$) | 0.2 mL | | |
| *Streptococcus pyogenes* | High ($10^6$-≥$10^7$) | 0.2 mL | | |
| **Pool 3** | | | | |
| *Haemophilus influenzae* | High ($10^6$-≥$10^7$) | 0.2 mL | | |
| *Klebsiella pneumoniae* Z460 (NDM/ CTX-M) | High ($10^6$-≥$10^7$) | 0.2 mL | | |
| *Moraxella catarrhalis* | Low ($10^4$-$10^5$) | 0.2 mL | 1.2 mL | 2.4 mL |
| *Staphylococcus aureus* (*mecA/C* and MREJ) | High ($10^6$-≥$10^7$) | 0.2 mL | | |
| *Streptococcus agalactiae* | Low ($10^4$-$10^5$) | 0.2 mL | | |
| *Streptococcus pneumoniae* | Low ($10^4$-$10^5$) | 0.2 mL | | |
| **Pool 4** | | | | |
| Adenovirus Type 31 | N/A | 0.2 mL | | |
| Coronavirus NL63 | N/A | 0.2 mL | | |
| Influenza A H3 | N/A | 0.2 mL | | |
| MERS1 Recombinant | N/A | 0.2 mL | 1.4 mL | 2.8 mL |
| Parainfluenza virus Type 1 | N/A | 0.2 mL | | |
| Respiratory Syncytial Virus (RSV) A2 | N/A | 0.2 mL | | |
| *Legionella pneumophila* | N/A | 0.2 mL | | |
| **Pool 5** | | | | |
| Adenovirus Type 3 | N/A | 0.2 mL | | |
| Human Metapneumovirus 8 | N/A | 0.2 mL | | |
| Human Rhinovirus 1 A | N/A | 0.2 mL | | |
| Influenza B | N/A | 0.2 mL | 1.4 mL | 2.8 mL |
| MERS2 Recombinant | N/A | 0.2 mL | | |
| *Chlamydia pneumoniae* | N/A | 0.2 mL | | |
| *Mycoplasma pneumoniae* | N/A | 0.2 mL | | |

[a]Target bin levels are relative and may vary between test runs

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## Synthetic Matrix Protocol Example

The estimated total time to complete this verification example is 4 days for a BIOFIRE System configured with 1 module. A proposed organism pooling scheme is presented above in Table 3. Refer to Figure 1 for the suggested workflow.
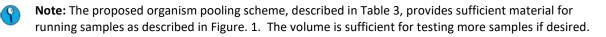
**Note:** It is important to prepare only the number of sample pools that will be tested within 3 days of preparation. The suggestion to prepare 3 sample pools is based on testing up to 6 pouches per day. The number of samples prepared may be increased or decreased based on the laboratory's work schedule and number of instruments connected within a BIOFIRE® System.

### Day 1: Synthetic Matrix Protocol

1. Organize materials needed (Table 2). If using Artificial Bronchoalveolar Lavage Matrix (aBAL), follow the optional protocol below to prepare the synthetic matrix before starting Step 2. aBAL should be screened with the BIOFIRE Pneumonia Panel *plus* to characterize the sample prior to preparing pools.

2. Prepare one sample pool (i.e. Pool 1) from ZeptoMetrix NATPPQ-BIO and NATPPA-BIO control material. The MERS1 and MERS2 recombinants are contained in ZeptoMetrix NATMR-BIO and should be used to prepare Pools 4 and 5. Organism vials should be mixed vigorously for 5 seconds prior to preparing each pool. Refer to Table 3 for example organism pooling schemes and specific volumes for each pool.

   a. Transfer 1.0, 1.2, or 1.4 mL of Synthetic Matrix (either ZeptoMetrix Negative or aBAL) into a 5 mL tube.
   b. Transfer the entire contents of the ZeptoMetrix organism vial (approximately 0.2 mL) into the larger tube containing Synthetic Matrix.
   c. Repeat with the second (and subsequent) organisms to combine the appropriate organisms for the pool into a single tube. The total volume will be between 2.0 mL and 2.8 mL depending upon the pool.
   d. Ensure the pooled sample is well mixed prior to removing a sample for testing.

3. Repeat Step 2 for the remaining sample pools (i.e. Pools 2 and 3) to be prepared on Day 1.

4. Test 2 replicates from a single pool (i.e. Figure 1: Pool 1, replicates A and B). Ensure the pooled sample is well mixed prior to removing a sample for testing. Replicate samples A and B should be tested in a single day by different operators. Refer to Figure 2 for suggested workflows depending upon the module configuration in the verification study.

**Note:** For each sample, follow instructions in the *BIOFIRE® FILMARRAY® Pneumonia Panel plus Instructions for Use* and the *BIOFIRE® FILMARRAY® Pneumonia Panel plus Quick Guide* for pouch preparation, pouch hydration, sample loading, and sample testing.

5. Repeat Step 4 for remaining sample replicates to be tested that day (i.e. replicates A and B for Pools 2 and 3).

6. Refrigerate samples (2–8°C) for up to 3 days for the evaluation of day-to-day variation.

**Note:** The proposed organism pooling scheme, described in Table 3, provides sufficient material for running samples as described in Figure. 1. The volume is sufficient for testing more samples if desired.
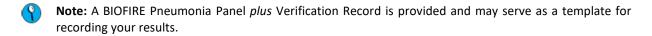
## Day 2: Synthetic Matrix Protocol

To evaluate day-to-day variation, test additional replicates from the pools prepared on Day 1 (i.e. test replicates C and D from Pools 1, 2, and 3) by repeating Step 4 above.

## Day 3: Synthetic Matrix Protocol

Prepare 2 new sample pools (i.e. pools 4 and 5) as described in Day 1, Steps 2 and 3. Test replicates as described in Step 4 above.

## Day 4: Synthetic Matrix Protocol

To evaluate day-to-day variation, test additional replicates from the pools prepared on Day 3 (i.e. replicates C and D from Pool 4 and 5) by repeating Step 4 above.

**Note:** A BIOFIRE Pneumonia Panel *plus* Verification Record is provided and may serve as a template for recording your results.

### Optional Protocol: Preparation of Artificial Bronchoalveolar Lavage Matrix (aBAL)

**Note:** Approximately 13 mL of Artificial Bronchoalveolar Lavage (aBAL) are needed if used as synthetic matrix for all 5 pools as described in Table 3.
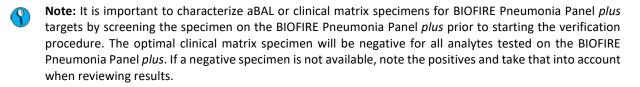
1. Thoroughly decontaminate the work area with 10% bleach followed by water wipes.

2. Prepare a 20 ng/uL solution of Human genomic DNA (hgDNA) by adding 1.0 mL hgDNA stock solution (0.2mg/mL) to 9 mL sterile saline in a 10 mL tube. Prepare a second tube if more than 10 mL is needed.

3. Mix by vortexing or inversion.

4. Characterize aBAL matrix by running a BIOFIRE® Pneumonia Panel *plus* test prior to preparing organism pools. The BIOFIRE Pneumonia Panel *plus* should test negative for all analytes on the panel.
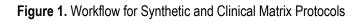
5. Aliquots of aBAL matrix may be stored refrigerated at 4°C for up to 3 days or stored frozen at ≤ -70°C.

**Note:** It is important to characterize aBAL or clinical matrix specimens for BIOFIRE Pneumonia Panel *plus* targets by screening the specimen on the BIOFIRE Pneumonia Panel *plus* prior to starting the verification procedure. The optimal clinical matrix specimen will be negative for all analytes tested on the BIOFIRE Pneumonia Panel *plus*. If a negative specimen is not available, note the positives and take that into account when reviewing results.

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**Figure 1.** Workflow for Synthetic and Clinical Matrix Protocols

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**Figure 2. Example of Verification Workflows for use with Multiple BIOFIRE modules.**

| 2 modules | Module 1 | | | Module 2 | | |
|---|---|---|---|---|---|---|
| Day 1 | Pool 1/ Operator 1 | Pool 2/ Operator 2 | Pool 3 / Operator 1 | Pool 1/ Operator 2 | Pool 2/ Operator 1 | Pool 3/ Operator 2 |
| Day 2 | Pool 1/ Operator 2 | Pool 2/ Operator 1 | Pool 3/ Operator 2 | Pool 1/ Operator 1 | Pool 2/ Operator 2 | Pool 3 / Operator1 |
| Day 3 | Pool 4 / Operator 1 | Pool 5 / Operator 2 | | Pool 4 / Operator 2 | Pool 5 / Operator 1 | |
| Day 4 | Pool 4 / Operator 2 | Pool 5 / Operator 1 | | Pool 4 / Operator 1 | Pool 5 / Operator 2 | |

| 4 modules | Module 1 | | Module 2 | | Module 3 | | Module 4 | |
|---|---|---|---|---|---|---|---|---|
| Day 1 | Pool 1/ Operator 1 | Pool 2/ Operator 2 | Pool 1/ Operator 2 | Pool 2/ Operator 1 | Pool 3 / Operator 1 | | Pool 3/ Operator 2 | |
| Day 2 | Pool 3 / Operator1 | | Pool 3/ Operator 2 | | Pool 1/ Operator 1 | Pool 2/ Operator 2 | Pool 1/ Operator 2 | Pool 2/ Operator 1 |
| Day 3 | Pool 4 / Operator 1 | | Pool 4 / Operator 2 | | Pool 5 / Operator 2 | | Pool 5 / Operator 1 | |
| Day 4 | Pool 5 / Operator 1 | | Pool 5 / Operator 2 | | Pool 4 / Operator 1 | | Pool 4 / Operator 2 | |

| 6 modules | Module 1 | Module 2 | Module 3 | Module 4 | Module 5 | Module 6 |
|---|---|---|---|---|---|---|
| Day 1 | Pool 1/ Operator 1 | Pool 1/ Operator 2 | Pool 2/ Operator 1 | Pool 2/ Operator 2 | Pool 3 / Operator 1 | Pool 3/ Operator 2 |
| Day 2 | Pool 3/ Operator 2 | Pool 3 / Operator1 | Pool 1/ Operator 2 | Pool 1/ Operator 1 | Pool 2/ Operator 2 | Pool 2/ Operator 1 |
| Day 3 | | | Pool 4 / Operator 1 | Pool 4 / Operator 2 | Pool 5 / Operator 1 | Pool 5 / Operator 2 |
| Day 4 | Pool 5 / Operator 1 | Pool 4 / Operator 2 | Pool 5 / Operator 2 | | Pool 4 / Operator 1 | |

## Clinical Matrix Protocol

The Clinical Matrix Protocol evaluates BIOFIRE Pneumonia Panel *plus* performance when sample material (NATPPQ-BIO, NATPPA-BIO and NATMR-BIO) are pooled and combined clinical specimen matrix. The laboratory will require a clinical specimen (induced or expectorated sputum, endotracheal aspirates or bronchoalveolar lavage

(BAL)-like specimens (BAL or mini-BAL)) appropriate for the laboratory's verification needs and, in a volume, sufficient for testing as described in Table 3. The number of different sample types to be tested is up to the discretion of the laboratory director; multiple specimens may be used, if necessary. Clinical specimens should be screened in the BIOFIRE Pneumonia Panel *plus* in order to characterize the sample.

**Note:** It is important to characterize aBAL or clinical matrix specimens for BIOFIRE Pneumonia Panel *plus* targets by screening the specimen on the BIOFIRE Pneumonia Panel *plus* prior to starting the verification procedure. The optimal clinical matrix specimen will be negative for all analytes tested on the BIOFIRE Pneumonia Panel *plus*. If a negative specimen is not available, note the positives and take that into account when reviewing results.

Control material (ZeptoMetrix NATPPA-BIO, NATPPQ-BIO, and NATMR-BIO) is pooled and added to an equal volume of clinical matrix. The proposed organism pooling scheme (Table 3) should be followed to obtain the expected results for each assay in a time and resource-efficient manner. Specimen consistency may make accurate measurement difficult, but care should be taken to try to add the volume indicated.

**Note:** Dilution of ZeptoMetrix Pneumonia *plus* Verification Panel organisms beyond levels proposed in these guidelines may lead to inconsistent results and is not recommended.

Figures 1 and 2 (above) illustrate protocol and workflow schemes for testing 4 replicates per pool for 5 pools over multiple days. This produces a total of 20 verification sample test runs and provides 4 positive results and 16 negative results per assay, as well as 32 low bin and 36 high bin detections. Sample distribution in the targeted low and high bins are approximate and bin variation may occur due to sampling differences and run variability. The pooling scheme provides sufficient volume for testing more samples if desired. The number of samples tested per day should be determined by the individual laboratory. The testing scheme can be modified to run more samples per day based on the number of instruments configured on the BIOFIRE System.

**Note:** Target bin levels are relative and may vary between test runs.

Pooled samples in clinical matrix may be stored overnight at refrigeration temperature (2–8°C) for subsequent testing to evaluate day-to-day variation; but all tests should be completed within a day. To evaluate user-to-user variation, multiple laboratory technicians may perform testing.

**Note:** Clinical specimens may contain inhibitors and enzymes which may degrade the organism mixture and lead to unpredictable results. It is important to prepare the organism pools and test samples within a day to achieve expected results.

## Clinical Matrix Protocol Example

The estimated total time for completion for the Clinical Matrix Protocol verification example is 4 days for a BIOFIRE System configured with 1 module.

**Note:** It is important to prepare only the number of sample pools that will be tested within a day of preparation. The number of samples prepared may be increased or decreased based on the laboratory's work schedule and number of instruments connected within a BIOFIRE System.

## Day 1: Clinical Matrix Protocol

1.  Organize materials needed (Table 2.)  Clinical specimens should be screened in the BIOFIRE Pneumonia Panel *plus* to characterize the sample prior to preparing pools.

2.  Prepare one sample pool (i.e. Pool 1) from ZeptoMetrix NATPPQ-BIO and NATPPA-BIO control material. The MERS1 and MERS2 recombinants are contained in NATMR-BIO and should be used to prepare Pools 4 and 5. Organism vials should be mixed vigorously for 5 seconds prior to preparing each pool. Refer to Table 3 for example organism pooling schemes and specific volumes for each pool.

    a.  Transfer 1.0, 1.2, or 1.4 mL of Clinical Matrix into a 5 mL tube.  Specimen consistency may make accurate measurement difficult, but care should be taken to try to add the volume indicated. Organism to matrix ratios that differ from recommendations in Table 3 may affect detection results.
    b.  Transfer the entire contents of the ZeptoMetrix organism vial (approximately 0.2 mL) into the larger tube containing clinical specimen matrix.
    c.  Repeat with the second (and subsequent) organisms to combine the appropriate organisms for each pool into a single tube. The total volume will be between 2.0 mL and 2.8 mL depending upon the pool.
    d.  Ensure the pooled sample is well mixed prior to removing a sample for testing.

3.  Repeat Step 2 for remaining sample pools (i.e. Pools 2 and 3) to be prepare on Day 1.

4.  Test 2 replicates from a single pool (i.e. Figure 1: Pool 1, replicates A and B). Ensure the pooled sample is well mixed prior to removing a sample for testing.  Replicate samples A and B should be tested in a single day by different operators.  Refer to Figure 2 for suggested workflows depending upon the module configuration in the verification study.

    **Note:** For each sample, follow instructions in the *BIOFIRE® FILMARRAY® Pneumonia Panel plus Instructions for Use* and the *BIOFIRE® FILMARRAY® Pneumonia Panel plus Quick Guide* for pouch preparation, pouch hydration, sample loading, and sample testing.

5.  Repeat Step 4 for remaining sample replicates to be tested that day (i.e. replicates A and B for Pools 2 and 3).

    **Note:** The proposed organism pooling scheme (Table 3) provides sufficient material for running samples as described in Figure. 2.  The volume is sufficient for testing more samples if desired.

## Day 2: Clinical Matrix Protocol

To evaluate day-to-day variation, test additional replicates (i.e. replicates C and D) from the organism pools prepared on Day 1 by repeating Step 4 above.

## Day 3: Clinical Matrix Protocol

Prepare 2 new sample pools (i.e. Pools 4 and 5) as described in Day 1, Steps 2 and 3. Test replicates according to Step 4 above.

## Day 4: Clinical Matrix Protocol

To evaluate day-to-day variation, test additional replicates (i.e. replicates C and D) from the organism pools prepared on Day 3 by repeating Step 4 above.

**Note:** A BIOFIRE Pneumonia Panel *plus* Verification Record is provided and may serve as a template for recording your results.

## Expanding the Protocols

The protocols described above can be expanded by increasing the number of tests from each of the organism pools. Each organism pool contains enough material to complete many tests for each pool. The verification study may use induced or expectorated sputum, endotracheal aspirates or bronchoalveolar lavage (BAL)-like specimens (BAL or mini-BAL) as a clinical matrix in the pools, as needed. Reference CAP accreditation checklist requirements: MIC.64960.

## Verification of a Loaner, Repaired, and Permanent Replacement Instruments or Modules

If it becomes necessary to verify the performance of a loaner, repaired, or permanent replacement instrument or module, the following protocol may serve as a guideline but should be verified by the Laboratory Director.

1. Select a few specimens and/or proficiency samples (any combination of positives and negatives) previously tested on the BIOFIRE Pneumonia Panel *plus*. The Laboratory Director should determine the appropriate number of samples to test. Proficiency samples should not be pooled or diluted.

2. Select a set of controls that verify detection of all targets on the BIOFIRE Pneumonia Panel *plus*.

3. Test the selected specimens/samples/controls on the loaner, repaired, or permanent replacement instrument or module and document the results.

## Technical Support Contact Information

bioMérieux is dedicated to providing the best customer support available. If you have any questions or concerns about this process, please contact the BIOFIRE Technical Support team for assistance.

BIOFIRE Technical Support
Email: biofiresupport@biomerieux.com
Phone: +1-801-736-6354, select Option 5

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## BIOFIRE® FILMARRAY® Pneumonia *plus* Panel Verification Record Page 1

### Bacteria Reported in Bins – Pools 1-3

**BIOFIRE® FILMARRAY® Pneumonia Panel *plus* Verification Record**

| Kit Part # | | Module Serial # | | Module Serial # | | Module Serial # |
|---|---|---|---|---|---|---|
| Lot # | | Module Serial # | | Module Serial # | | |

| Organism and Resistance Genes | | Replicate Testing: 1-A, 1-B, 1-C, 1-D, 2-A, 2-B, 2-C, 2-D, 3-A, 3-B, 3-C, 3-D, 4-A, 4-B, 4-C, 4-D, 5-A, 5-B, 5-C, 5-D | Summary: # Positives, # Negatives, Bin (copies/mL) [Low Bin: # 10^4, # 10^5; High Bin: # 10^6, # ≥10^7], # Operators, # Days, # Modules, Patient Samples? |
|---|---|---|---|
| **Pool 1** | | | |
| *Acinetobacter calcoaceticus-baumannii* complex | | | |
| *Enterobacter cloacae* complex | | | |
| *Escherichia coli* | IMP | | |
| *Klebsiella pneumoniae* group  Z138 | CTX-M | | |
| | OXA-48 like | | |
| *Proteus* spp. | | | |
| *Serratia marcescens* | | | |
| **Pool 2** | | | |
| *Klebsiella aerogenes* | | | |
| *Klebsiella oxytoca* | | | |
| *Klebsiella pneumoniae* group  KPC-2 | KPC | | |
| *Pseudomonas aeruginosa* | VIM | | |
| *Streptococcus pyogenes* | | | |
| **Pool 3** | | | |
| *Haemophilus influenzae* | | | |
| *Klebsiella pneumoniae* group  Z460 | NDM | | |
| | CTX-M | | |
| *Moraxella catarrhalis* | | | |
| *Staphylococcus aureus* | *mecA/C* and MREJ | | |
| *Streptococcus agalactiae* | | | |
| *Streptococcus pneumoniae* | | | |

**Summary of Detections for Bacteria Reported in Bins**

| | # Positives | # Negatives | # 10^4 | # 10^5 | # 10^6 | # ≥ 10^7 |
|---|---|---|---|---|---|---|
| Total number of Reported Detections: Positives, Negatives, and Individual Bins | | | | | | |

| | Low Bin total | High Bin total |
|---|---|---|
| Total number of  High (10^4-10^5) and Low (10^4-10^5) Bin Detections | | |

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## BIOFIRE® FILMARRAY® Pneumonia Panel *plus* Verification Record- Page 2

### Atypical Bacteria and Viruses– Pools 4-5

**BIOFIRE® FILMARRAY® Pneumonia Panel *plus* Verification Record**

| Kit Part # | Module Serial # | Module Serial # | Module Serial # |
|---|---|---|---|
| Lot # | Module Serial # | Module Serial # | |

| Organism and Resistance Genes | | Replicate Testing | | | | | | | | | | | | | | | | | | | | # Positives | # Negatives | Bin (copies/mL) | | | | # Operators | # Days | # Modules | Patient Samples? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1-A | 1-B | 1-C | 1-D | 2-A | 2-B | 2-C | 2-D | 3-A | 3-B | 3-C | 3-D | 4-A | 4-B | 4-C | 4-D | 5-A | 5-B | 5-C | 5-D | | | Low Bin # 10^4 | Low Bin # 10^5 | High Bin # 10^6 | High Bin # ≥10^7 | | | | |
| **Pool 4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adenovirus | Type 31 | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | |
| Coronavirus | NL63 | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | |
| Influenza A | H3 | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | |
| Middle East Respiratory Syndrome Coronavirus* | MERS1 recombinant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parainfluenza virus | Type 1 | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | |
| Respiratory Syncytial Virus | RSV A2 | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | |
| *Legionella pneumophila* | | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | |
| **Pool 5** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adenovirus | Type 3 | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | |
| Human Metapneumovirus | 8 | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | |
| Human Rhinovirus/Enterovirus | Rhinovirus 1 A | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | |
| Influenza B | | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | |
| Middle East Respiratory Syndrome Coronavirus* | MERS2 recombinant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Chlamydia pneumoniae* | | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | |
| *Mycoplasma pneumoniae* | | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | |
| **Summary of Detections for Atypical Bacteria and Viruses: Total number of Positves and Negatives** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*MERS 1 and MERS 2 tested in separate pools will each give an Equivocal detection.  A MERS Equivocal detection in Pool 4 **and** Pool 5 infers a Positive detection.

Reviewed by: _____

　　　　Signature　　　　　　　　　　　　Date