

Unprecedented clinical value

QuantIFERON® technology pioneering latent TB infection detection worldwide

Proven & recognized expertise of QuantiFERON® by QIAGEN

- More than 1500 research publications
- Evaluated and recommended by the WHO, US CDC and ECDC (3-5)

Improved patient management for populations at risk with CD8+ T-cell technology. TB-specific CD8+ T-cells that produce IFN-γ have been:

- More frequently detected in those with active TB disease vs. latent infection (6,7)
- Associated with recent exposure to TB (8)
- Detectable in active TB subjects with HIV co-infection and young children (9-11)

Seamless integration

- QuantiFERON®-TB Gold Plus Blood Collection Tubes (undiluted whole blood)
OR Li-Hep / Na-Hep single tube
- Choose the blood collection protocol that fits your practice

“ The proprietary CD4+/CD8+ T-cell technology of QFT®-Plus BCT has the potential to provide important insights for high-risk patients such as contacts exposed to active TB or HIV-positive persons while maintaining high specificity. ”

Dr. Masae Kawamura, Senior Director TB Medical and Scientific Affairs, at QIAGEN

Unbeatable workflow efficiency

Achieve more with LIAISON® QuantiFERON®-TB Gold Plus

Increase quality & decrease labor time

- Fully automated end-to-end immunoassays solution
- Reduced errors and test repeats versus microplate processing

Improved turnaround time, optimal cost management & straightforward integration in the laboratory

- Minimal hands on time
- Primary tubes continuous loading & random access
- 1st results available in 46 min, up to 25 patients / hour (12)

Efficiency lab operations with streamlined management

- Full patient traceability with all workflow options
- Bi-directional LIS connection or stand alone mode with LQS®

“ During our initial verification phase, we discovered that we produced 30-40% less indeterminate results using LIAISON® QuantiFERON®-TB when compared to plate ELISA. ”

Christopher Labdon, Senior biomedical scientist - Southampton General Hospital UK

LIAISON®
QuantiFERON®-TB
Gold Plus

Discover more

Reagent

Combining QIAGEN® leading LTBI expertise with DiaSorin state-of-the-art automation for unparalleled results with the LIAISON® analyzers
Available on LIAISON® XL and LIAISON® XS

More information about QuantiFERON®-TB Gold Plus at www.QuantiFERON.com
More information about LIAISON® QuantiFERON®-TB Gold Plus on www.DiaSorin.com

QuantiFERON®-TB Gold Plus - Blood Collection Tubes	
QFT®-Plus Blood Collection Tubes: Nil, TB1, TB2 and Mitogen tubes (10 each)	622222
QFT®-Plus Blood collection Tubes: Nil, TB1, TB2 and Mitogen tubes (50 each)	622526
LIAISON® QuantiFERON®-TB Gold Plus - CLIA reagents	
CLIA kit up to 50 patients results (200 determinations) Include test cartridge, conjugate vials and calibrators	311010
Control kit (2 levels x 2 vials - up to 40 runs)	311011
Open kit stability	28 days
Calibration stability	28 days



The Diagnostic Specialist



The Diagnostic Specialist

FOR OUTSIDE THE US AND CANADA ONLY

Product availability subject to required regulatory approval

QuantiFERON®-TB Gold Plus Blood Collection Tubes by QIAGEN® and LIAISON® Analyzer by DiaSorin

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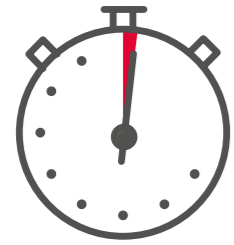
LIAISON® QuantiFERON®-TB Gold Plus

The world's leading IGRA technology,
now with unique workflow efficiency



It's time to end TB

World Health Organization declared tuberculosis a global emergency 25 years ago, yet tuberculosis remains among the top 10 causes of death worldwide and the deadliest infectious disease.⁽¹⁾



00:01
Every second, globally



3 LIVES
are lost to TB



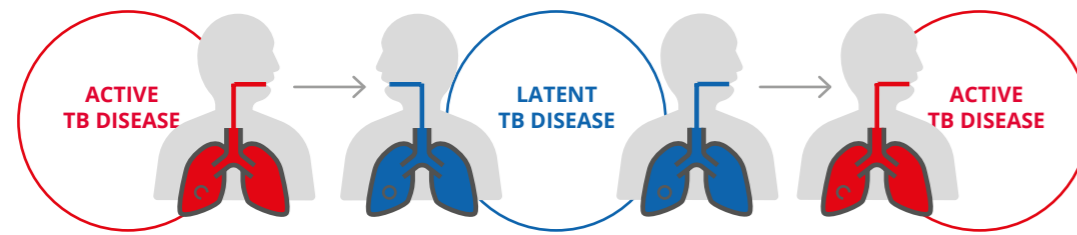
18 PEOPLE
fall ill with TB



6 CASES
of TB go undiagnosed

It's time to test and treat latent TB

Testing for latent TB infection (LTBI) is the only way to prevent transmission of TB ⁽²⁾



LTBI testing and treatment is a public health priority in key risk groups & settings ⁽³⁾ such as:



Healthcare workers



Contact Tracing



People living with HIV



Receiving ANTI TNF treatment



Children under 5 years old



Prisoners and community setting



Migrants

It's time to use QuantiFERON®

Century-old **Tuberculin Skin Test** (TST or Mantoux)

- Two visits required – high no-show rate, not convenient for surveillance
- Subjective test reading
- Cross-reacts with BCG vaccine
- Manual data entry
- No controls

QuantiFERON® technology is setting the standard of LTBI detection

- Single visit
- Standardized process and results
- Unaffected by the BCG vaccine
- Distinct CD4+/CD8+ T-cell responses with patented CD8+ technology to support high test accuracy in populations at increased risk
- Reduced chest X-rays & unnecessary follow up

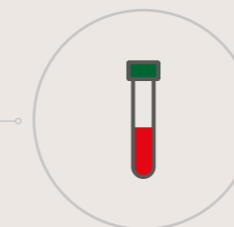
Blood collection

Convenient options for you & your patient's comfort

Innovative CD8+ technology
Proprietary & patented specific antigen mix



Flexible blood collection option
QFT®-Plus Blood Collection Tubes
-or-
Lithium/Sodium heparin tube



Lithium/Sodium Heparin single tube option
Ease logistics & increase testing capacity

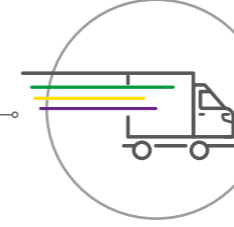
Send to lab / Stimulation

4th generation T-cell stimulation technology & flexible shipment

Simple & fast T-cell incubation
Stimulation with undiluted whole blood
37°C 16–24 h



Transportation
Up to 16 h at room temperature

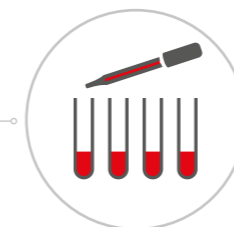


Transportation
Up to 16 h at room temperature
- or -
Up to 53 h with refrigerated storage

Transportation
Up to 3 days at 4–27°C



Transferring to QFT®-Plus Blood Collection Tubes



Fully automated IGRA test

LTBI testing made easy

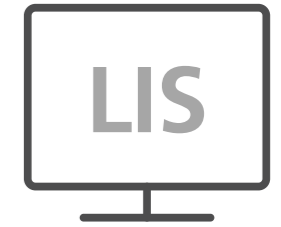


- **Easy integration**
Random access mode
Continuous loading
Limited footprint
- **CLIA technology**
LIAISON® QuantiFERON®-TB Gold Plus for latent TB infection within a broad menu of >120 assays
- **Rapid & robust**
46 min to 1st results
Up to 25 patients / h

LIAISON® QuantiFERON®-TB Gold Plus demonstrated a 50% decrease in hands-on time vs automated ELISA ⁽¹³⁾

Results & Interpretation

High-quality results available where you need them the most



LIS connection
Bi-directional
Automatic results interpretation

-or-



LIAISON® QuantiFERON® software
(optional)
Fully traceable workstation

1. WHO (2019). Global Tuberculosis Report 2019. WHO/CDS/TB/2019.15.
2. WHO (2014). The End TB Strategy. A67/11 – 14 March 2014.
3. WHO (2020). WHO consolidated guidelines on tuberculosis: tuberculosis preventive treatment.
4. Lewinsohn, D.M., et al. (2017). Official ATS/IDSA/CDC clinical practice guidelines: diagnosis of tuberculosis in adults and children. Clin. Infect. Dis. 64, 111–115.
5. ECDC (2018). Programmatic management of latent tuberculosis infection in the European Union.

6. Day, C.L. et al. (2011). Functional capacity of Mycobacterium tuberculosis-specific T cell responses in humans is associated with mycobacterial load. J. Immunol. 187, 2222.
7. Rozot, V. et al. (2013). Mycobacterium tuberculosis-specific CD8+ T cells are functionally and phenotypically different between latent infection and active disease. Eur. J. Immunol. 43, 1568.

8. Nikolova, M. et al. (2013). Antigen-specific CD4- and CD8-positive signatures in convalescing TB subjects with HIV co-infection. Tuberculosis 93, S60.
9. Chiacchio, T. et al. (2014). Polyfunctional T-cells and effector memory phenotype are associated with active TB in HIV-infected patients. J. Infect. doi:10.1016/j.jinf.2014.06.009. Epub.

10. Ongaya, A. et al. (2013). Mycobacterium tuberculosis-specific CD8+ T-cell recall in convalescing TB subjects with HIV co-infection. Tuberculosis 93, S60.
11. Laniconi, C. et al. (2012). CD8+ T-cells provide an immunologic signature of tuberculosis in young children. Am. J. Respir. Crit. Care Med. 185, 206.
12. First results in 46 min upon tubes loading and start of the run in the system.
13. Internal workflow comparison data performed by DiaSorin, n=264; based on total hands-on/hands-off time for routine tasks, including samples preparation, time to result, turn around time, data generation and interpretation.