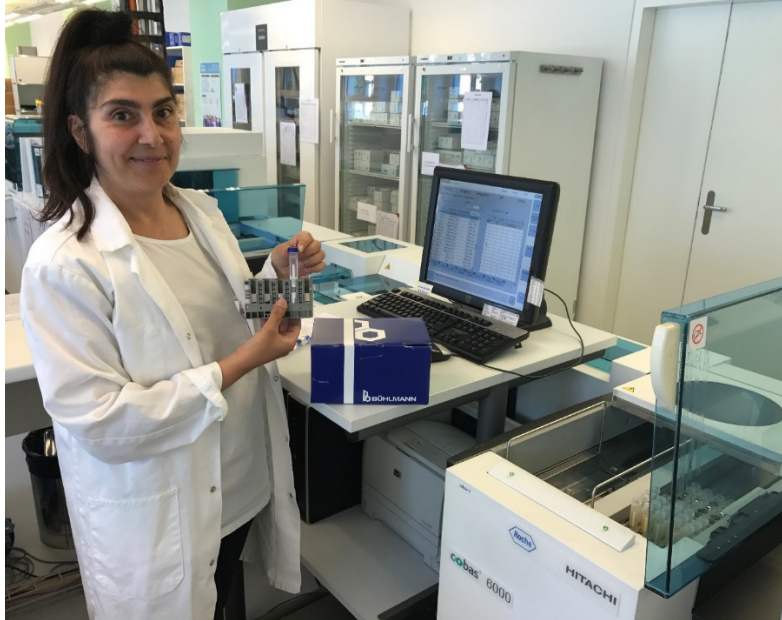


INTERVIEW* with CARMELA GUGLIOTTA (BMA), Laborgemeinschaft 1, Rautistrasse 11, 8047 Zurich, Switzerland

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Mrs. Gugliotta, several months ago you decided to implement the BÜHLMANN fCAL® turbo on your Roche cobas® c501 system. Can you tell me why?

Our customers asked us to bring Calprotectin testing in-house. We looked for assays that could easily be implemented on our existing laboratory equipment. We also wanted an assay with minimal hands-on time that could be done in singlicate and in random access mode to help with our laboratory workflow. This is why we choose the BÜHLMANN fCAL® turbo assay; it is easy-to-use and very convenient, which allows us to offer a faster and better service for our customers.

What were your major concerns before you decided to implement the BÜHLMANN fCAL® turbo assay on your Roche Cobas® c501 clinical chemistry analyzer?

We might had the same concerns like anyone else working in a medical-diagnostic laboratory: the risk of contamination by measuring fecal extracts

right next to serum samples on the clinical-chemistry analyser! Initially we didn't think it was a good idea and so were very sceptical especially as we were not familiar with the BÜHLMANN fCAL® turbo assay. We were also concerned that small particles from the stool samples could clog the sample probes and whether the wash cycles for the reusable cuvettes and sample probes are sufficient after each fecal extracts to prevent contamination.

Have you experienced any interferences with other clinical chemistry tests running on your Roche Cobas® c501 originating from using stool extracts and the BÜHLMANN fCAL® turbo?

Our initial concerns were not confirmed at all. Today, several hundreds of samples were measured since we started routine in August 2016 and there has not been a single incident of carry-over, contamination or clogging of sample probes. In the beginning, we double-checked all samples that were measured right next to the BÜHLMANN fCAL® turbo on an independent Roche Cobas® in our

laboratory. We did not observe any influence of the BÜHLMANN fCAL® turbo assay on the subsequent clinical-chemistry parameters and the values obtained had no significant differences.

What would you suggest to users that have similar concerns as you had in the beginning?

There is no reason to be concerned about contamination, carry-over or clogging of the sample probe. We have not experienced any issues during routine use. I would suggest to other users to verify this by parallel measurements as we did in the beginning.

What are the advantages of the BÜHLMANN fCAL® turbo assay during routine use?

The BÜHLMANN fCAL® turbo assay is very easy and safe. The values are reliable and the BÜHLMANN Calprotectin assay is clinically validated. Using the CALEX® Cap for extraction is easy and clean. Sampling of the stool with the pin, short vortexing and centrifugation steps, and then the extraction device can be loaded directly on the analyzer. We can also store the CALEX for several days in the refrigerator or in the freezer if we want to repeat the measurements later. A great advantage is the high degree of automation by using this assay. The BÜHLMANN fCAL® turbo assay eased our daily routine work tremendously and we can offer a faster service for our customers.

Why would you recommend the implementation of the BÜHLMANN fCAL® turbo assay on clinical-chemistry analyzer to other users?

To put it in one sentence: The BÜHLMANN fCAL® turbo assay is a well-standardized measuring method which can be applied with a high degree of automation and safety in the routine laboratory.

Are you satisfied with the service and support by BÜHLMANN?

The BÜHLMANN support was very good, both during the installation and now since the test is in routine. The implementation of the assay on our Roche Cobas® analyzer was very quick and very smooth. The assay was installed on our device within 10 minutes with help of the BÜHLMANN application specialist and the Roche technician. We are very happy that we decided on the BÜHLMANN fCAL® turbo assay for our routine diagnostic.

**This interview has been edited for clarity and brevity.*

