



BIOMÉRIEUX

ELIMINATE THE WAIT.

BIOFIRE® Syndromic PCR Testing
offers faster time to results.



PIONEERING DIAGNOSTICS



Fast, accurate PCR tests; the right test, the first time.

BIOFIRE® Panels utilize a syndromic approach—simultaneously testing for a wide array of pathogens that can cause similar symptoms—for actionable results in about an hour. This can make a big difference in emergency care, where the right information can help you determine a diagnosis for your patient and lead to faster, more informed treatment.

7 Panels. 175+ Targets. ~1 Hour.



**BIOFIRE®
RESPIRATORY 2.1 PANEL***
22 Targets. ~45 Minutes.



**BIOFIRE®
BLOOD CULTURE IDENTIFICATION 2 PANEL*†**
43 Targets. ~1 Hour.



**BIOFIRE® FILMARRAY®
GASTROINTESTINAL PANEL*†**
22 Targets. ~1 Hour.



**BIOFIRE® FILMARRAY®
MENINGITIS/ENCEPHALITIS PANEL*†**
14 Targets. ~1 Hour.



**BIOFIRE® FILMARRAY®
PNEUMONIA PANEL***
33 Targets. ~1 Hour.



**BIOFIRE®
JOINT INFECTION PANEL*†**
39 Targets. ~1 Hour.



**BIOFIRE® FILMARRAY®
TROPICAL FEVER PANEL*†**
6 Targets. ~50 Minutes.

* FDA cleared

† CE 2797

Avoid unnecessary admissions.

BIOFIRE® Panels can inform you which pathogens are viral or bacterial so that you know who to admit to the hospital and who can be sent home and treated with supportive care.

BIOFIRE® FILMARRAY® MENINGITIS/ENCEPHALITIS PANEL

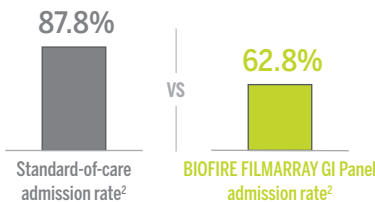


32% fewer admissions
when testing for meningitis/encephalitis using the
BIOFIRE FILMARRAY ME Panel vs. standard-of-care methods.¹

BIOFIRE® FILMARRAY® GASTROINTESTINAL PANEL



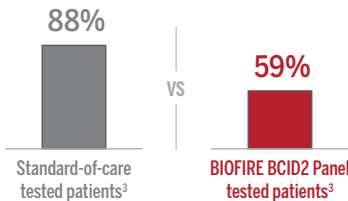
25% lower admission rate
when diagnosing diarrheal disease with the
BIOFIRE FILMARRAY GI Panel vs. standard-of-care methods.²



BIOFIRE® BLOOD CULTURE IDENTIFICATION 2 PANEL



29% decrease in return visits
after patients were discharged from the
emergency department.³



Faster time to results.

With ~45 minutes to ~1 hour turnaround time, syndromic testing can significantly reduce the time to actionable results compared to standard of care in the emergency department.

BIOFIRE® RESPIRATORY 2.1 PANEL



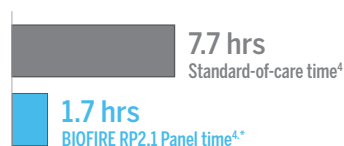
6 hrs faster

turnaround time for influenza viruses.⁴



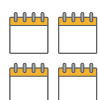
12 hrs faster

turnaround time for non-influenza viruses.⁴



*Data obtained with the previous version of the BIOFIRE RP2.1 Panel.

BIOFIRE® FILMARRAY® MENINGITIS/ENCEPHALITIS PANEL



Up to a 4-day reduction

in time to diagnosis for adults and children.^{5,6}

BIOFIRE® BLOOD CULTURE IDENTIFICATION 2 PANEL



51 hrs faster

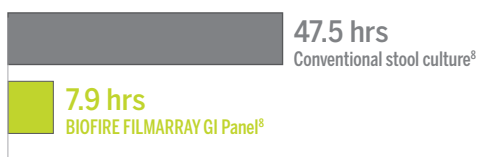
turnaround time than culture for ICU patients with suspected sepsis.⁷

BIOFIRE® FILMARRAY® GASTROINTESTINAL PANEL



39 hrs faster

result turnaround time for children with bacterial acute infectious gastroenteritis presenting to the ED.⁸

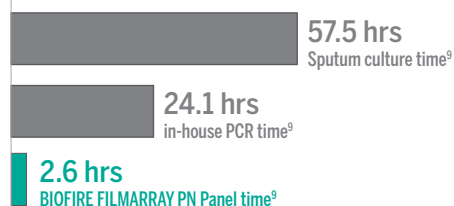


BIOFIRE® FILMARRAY® PNEUMONIA PANEL

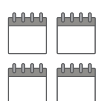


Up to 54.9 hrs faster

from sampling to a reported test result than traditional methods.⁹



BIOFIRE® FILMARRAY® JOINT INFECTION PANEL



Up to a 4.4-day reduction

in time to pathogen ID.¹⁰

Improve antimicrobial therapy.

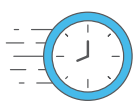


When combined with appropriate antimicrobial stewardship (AMS) measures, BIOFIRE® syndromic testing results can help inform patient management decisions—such as when to stop or alter therapy—and reduce length of stay.

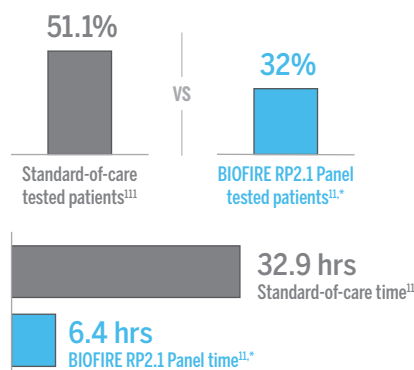
BIOFIRE® RESPIRATORY 2.1 PANEL



19% fewer patients
were prescribed empiric antibiotic therapy.¹¹



26.5 hrs shorter
duration of empiric antibiotics
for tested patients.¹¹



*Data obtained with the previous version of the BIOFIRE RP2.1 Panel.

BIOFIRE® FILMARRAY® MENINGITIS/ENCEPHALITIS PANEL



2-day reduction
in antimicrobial days of
therapy in adults.¹²



~3X less likely
to receive empiric acyclovir
in pediatric patients.¹³

BIOFIRE® FILMARRAY® GASTROINTESTINAL PANEL



18% optimized antibiotic therapy

Use of the BIOFIRE FILMARRAY GI Panel modified patient care in the ED for 18% of patients with an acute infectious diarrhea or colitis, for whom the initial antibiotic molecule was adapted to the pathogen detection.¹⁴

BIOFIRE® BLOOD CULTURE IDENTIFICATION 2 PANEL



39.1 hrs faster
time to optimal therapy with an
established antimicrobial
stewardship program.¹⁵

BIOFIRE® FILMARRAY® PNEUMONIA PANEL*



Targeted prescriptions

The implementation of the BIOFIRE FILMARRAY PN Panel in the emergency department can lead to more targeted treatment for CAP patients: from 13.4% with standard of care to 35.3% with the BIOFIRE FILMARRAY PN Panel.¹⁶

BIOFIRE® FILMARRAY® JOINT INFECTION PANEL



66.4 hour reduction
in time on empiric antibiotics.¹⁷



100% of patients
with positive JI Panel results and previous antibiotic
exposure received modified antibiotic therapy.¹⁸

Shorten time in the emergency department.

PCR tests have a faster turnaround time than standard-of-care methods, thus shortening the time patients are in the emergency department (ED).

BIOFIRE® RESPIRATORY 2.1 PANEL



89% of results available

while patients were still at the ED.¹⁹

BIOFIRE® FILMARRAY® MENINGITIS/ENCEPHALITIS PANEL



20% of patients were discharged early

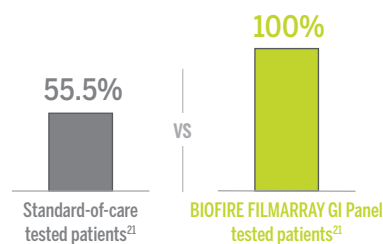
or avoided admission altogether through increased detection of viral pathogens (enterovirus).²⁰

BIOFIRE® FILMARRAY® GASTROINTESTINAL PANEL



44.5% more patients

were able to receive stool study results during admission.²¹



Improve patient management.

BIOFIRE® Panels can assist the emergency department (ED) with diagnostic turnaround time, advocating for antimicrobial stewardship and controlling healthcare costs.

BIOFIRE® RESPIRATORY 2.1 PANEL*



The comprehensive nature of the BIOFIRE RP 2.1*plus* Panel results decreased turnaround time, and improved medical management in both adult and children populations while also reducing additional testing in the children population with acute lower respiratory infection.²²

*Data obtained with the previous version of the BIOFIRE RP2.1 Panel.

BIOFIRE® FILMARRAY® MENINGITIS/ENCEPHALITIS PANEL



The introduction of a reliable, sensitive and easy-to-use multiplex assay facilitated same day cessation of antibiotic therapy or in several cases, the withholding of any antibiotic treatment at all.⁵

BIOFIRE® FILMARRAY® GASTROINTESTINAL PANEL



ED patients with acute infectious diarrhea caused by bacteria or protozoa were more likely to get appropriate antibiotic therapy after being tested with the BIOFIRE FILMARRAY GI Panel compared to standard of care, potentially improving their outcomes and curbing the spread of illness.²³ A 21% decrease in return visits was observed for children presenting to the ED with acute gastroenteritis tested with the BIOFIRE FILMARRAY GI Panel compared to standard of care.²⁴

BIOFIRE® FILMARRAY® PNEUMONIA PANEL



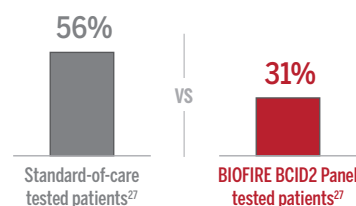
Community Acquired Pneumonia (CAP) guidelines recommend the use of the BIOFIRE FILMARRAY PN and PN*plus* Panels in severe CAP patients to adapt stewardship whenever non-standard severe CAP antibiotics are prescribed or considered or if available and recommended by hospital guidelines.^{25,26}

BIOFIRE® BLOOD CULTURE IDENTIFICATION 2 PANEL



25% difference

between patients admitted to the inpatient unit who received antibiotics.²⁷



BIOFIRE® FILMARRAY® JOINT INFECTION PANEL



Pathogen identification is a central component of septic arthritis and PJI treatment guidelines. The BIOFIRE FILMARRAY JI Panel provides clinicians with the results they need to make pathogen-guided decisions for the management of patients with native joint septic arthritis (SA) and prosthetic joint infections (PJI), including antibiotic therapy and surgical decisions.²⁸

Increase confidence with accurate results.

The following BIOFIRE® Panels are either FDA cleared and/or CE marked. BIOFIRE technology is based on nested multiplex PCR results with high sensitivity and specificity.



BIOFIRE® RESPIRATORY 2.1 PANEL*

Overall Performance: 97.1% sensitivity, 99.3% specificity²⁹
SARS-CoV-2 Performance: 98.4% PPA, 98.9% NPA²⁹



BIOFIRE® BLOOD CULTURE IDENTIFICATION 2 PANEL*†

99.0% sensitivity, 99.7% specificity³⁰



BIOFIRE® FILMARRAY® GASTROINTESTINAL PANEL*†

98.7% sensitivity, 99.2% specificity³¹



BIOFIRE® FILMARRAY® MENINGITIS/ENCEPHALITIS PANEL*†

94.2% sensitivity, 99.8% specificity³²



BIOFIRE® FILMARRAY® PNEUMONIA PANEL*

BAL-like: 96.2 % sensitivity, 98.3% specificity³³
Sputum-like: 96.3% sensitivity, 97.3% specificity³³



BIOFIRE® JOINT INFECTION PANEL*†

91.7% sensitivity, 99.8% specificity³⁴



BIOFIRE® FILMARRAY® TROPICAL FEVER PANEL*†

95.1% sensitivity, 99.8% specificity^{35,36}

* FDA cleared

† CE₂₇₉₇



Introducing the BIOFIRE® FILMARRAY® Tropical Fever (TF) Panel, the latest syndromic panel from bioMérieux.

Molecular syndromic testing with the BIOFIRE FILMARRAY TF Panel cuts through diagnostic complexities by simultaneously testing 6 targets in about 50 minutes using a single test to provide answers in a clinically actionable timeframe. This may enable faster time to effective therapy and a reduction in unnecessary treatment.



BIOFIRE® FILMARRAY® TROPICAL FEVER PANEL

1 Test. 6 Targets. ~50 Minutes.

VIRUSES

Chikungunya
Dengue (serotypes 1,2,3 and 4)

BACTERIA

Leptospira spp.

PARASITES

Plasmodium spp.
Plasmodium falciparum
Plasmodium vivax/ovale

FDA-cleared  2797

BIOFIRE syndromic infectious disease testing can improve emergency care.

BIOFIRE Panels can make a significant impact on emergency care. Syndromic testing provides: faster results, easier triage, and better patient management.

7 Tests. 175+ Targets. ~1 Hour.



ADD THE BIOFIRE PANELS TO YOUR
EMERGENCY CARE WORKFLOW TODAY.



References

1. Pèan de Ponfily G, *et al.* (2021) *J Infect.* 83(6):650-655.
2. Torres-Miranda D, *et al.* (2020) *BMC Gastroenterol.* 20(1):246.
3. Hughes J, *et al.* (2021) *Hosp Pediatr.* 11(5):472-477.
4. Rappo U, *et al.* (2016) *J. Clin. Microbiol.* 54(8):2096-2103.
5. O'Brien P, *et al.* (2018) *Pediatric Infect Dis J.* 37(9):868-871.
6. Cailleaux M, *et al.* (2020) *Eur J Clin Microbiol.* 39(2):293-297.
7. Rule R, *et al.* (2021) *PLoS One.* 16(7):e0254389.
8. Barut, D, *et al.* (2025) *J Clin Lab Anal* 39(14): e70067.
9. Serigstad S, *et al.* (2022) *Sci Rep.* 12(1):326.
10. Ghirardelli S, *et al.* (2024) *J Exp Orthop.* 11: e12097.
11. Lee BR, *et al.* (2019) *J Clin Virol.* 110:11-16.
12. Moffa MA, *et al.* (2020) *Antibiotics.* 9(6):282.
13. Messacar K, *et al.* (2020) *Diagn Microbiol Infect Dis.* 97(4):115085.
14. Cancellà de Abreu M, *et al.* (2023) *Biomarkers.* 28(4):396-400.
15. Chiasson J, *et al.* (2022) *J Pharm Pract.* 35(5):722-729.
16. Markussen, DL, *et al.* (2024) *JAMA Netw Open* 7(3): e240830.
17. Lin TL, *et al.* (2025) *Microbiol Spectr.* 13:e00286-25.
18. Agosta M, *et al.* (2025) *Diagn.* 15: 566.
19. Poelman R, *et al.* (2020) *Future Microbiology.* 15(8):623-632.
20. Duff S, *et al.* (2018) *Future Microbiol.* May;13:617-629.
21. Yoo IH, *et al.* (2021) *Diagnostics (Basel).* 11(7):1175.
22. Echavarria M, *et al.* (2018) *J Clin Virol.* Nov;108:90-95.
23. Meltzer AC, *et al.* (2022) *J Am Coll Emerg Physicians Open.* 3(1):e12616.
24. Pavia AT, *et al.* (2024). *Clin Infect Dis* 78(3): 573-581.
25. Martin-Loeches, I, *et al.* (2023) *Intensive Care Med:* 1–18.
26. Infectious Diseases Society of America. (n.d.).CAP clinical pathway: Initial evaluation and treatment of community-acquired pneumonia (CAP)[PDF].
27. Hughes J, *et al.* (2021) *Hosp Pediatr.* 11(5):472-477.
28. Berinson B, *et al.* (2025) *Microbiol Spectr.* 10.1128/spectrum.01263-25.
29. Overall performance based on prospective SARS-CoV-2 clinical study for the BIOFIRE® Respiratory 2.1 Panel in comparison to 3 EUA tests, data on file, BioFire Diagnostics.
30. Overall performance is the aggregate of the prospective, archived, and seeded data from the clinical studies. Data on file, BioFire Diagnostics.
31. Overall performance based on prospective clinical study for the BIOFIRE® FILMARRAY® Gastrointestinal Panel, data on file, BioFire Diagnostics.
32. Overall performance based on prospective clinical study for the BIOFIRE® FILMARRAY® Meningitis/Encephalitis Panel, data on file, BioFire Diagnostics.
33. Overall performance based on prospective clinical study for the BIOFIRE® FILMARRAY® Pneumonia Panel, data on file, BioFire Diagnostics.
34. Overall performance based on prospective clinical study for the BIOFIRE® Joint Infection Panel, data on file, BioFire Diagnostics.
35. Manabe Y, Betz J, Jackson O, Asoala V, Bazan I, Blair P, *et al.* Clinical evaluation of the BioFire Global Fever Panel for the identification of malaria, leptospirosis, chikungunya, and dengue from whole blood: a prospective, multicentre, cross-sectional diagnostic accuracy study. *Lancet Infect Dis.* 2022;22(9):1356–1364.
36. Performance claims are based on DEN200043 (De Novo) Global Fever Panel Clinical Studies (on file at bioMérieux).



BIOMÉRIEUX

“...moving that diagnosis from two to three days to a single hour is a game-changer in terms of patient safety. I mean, it’s a no-brainer, to get somebody off the incorrect antibiotics and onto the correct antibiotic; and perhaps even home sooner.”

- Sean-Xavier Neath, MD, PhD
Emergency Medicine Physician.

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Product availability varies by country. Please contact your local bioMérieux representative for details.

Learn more: biomerieux.com

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