QIAstat-Dx®. Fast. Reliable. Accurate. Learn more at **qiagen.com/QIAstat-Dx**

Detect infectious pathogens with confidence

QIAstat-Dx syndromic testing for quick answers

Sample to Insight

Get the confidence that comes with clear answers

QIAstat-Dx syndromic testing provides quick, comprehensive answers that can help you make swift patient management and treatment decisions.

Our tests use sensitive multiplex RT-PCR technology to quickly and accurately identify a wide range of pathogens in a single sample.

And with only one sample handling step, QIAstat-Dx makes testing for infectious diseases easy and efficient.

> "We can act right now, here. In about one hour, we have a result, and we can introduce treatment."
>
> **Célestin Alexis Agbessi, MD, PhD, Emergency Department, Bichat-Claude Bernard Hospital, France**

Better outcomes with syndromic testing*

Accurate answers for the lab

- Increases diagnostic yield compared to traditional methods and identifies more co-infections (1,2).
- Reduces time to diagnosis (3–4).
- Reduces overall healthcare costs (2,5).

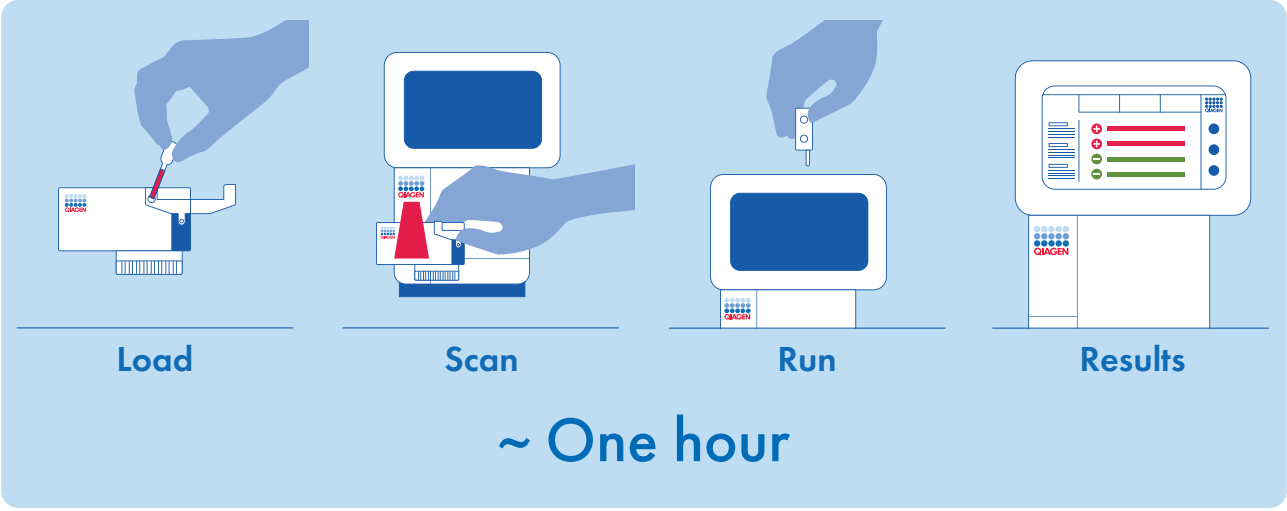
Swift treatment for patients

- Improves infection control procedures and patient flow through the hospital (3).
- Reduces the need for additional diagnostic tests, like chest X-rays and blood draws (2,5,6).
- Reduces empiric antibiotic use and time to appropriate therapy (1,2,6).

*Study performed using QIAstat-Dx products. Unless otherwise indicated, data cited pertains to the use of a device from another manufacturer.

Precision made effortless

Our QIAstat-Dx syndromic tests are simple and user-friendly. A quick and easy workflow can help you get crucial results fast, supporting timely patient care.

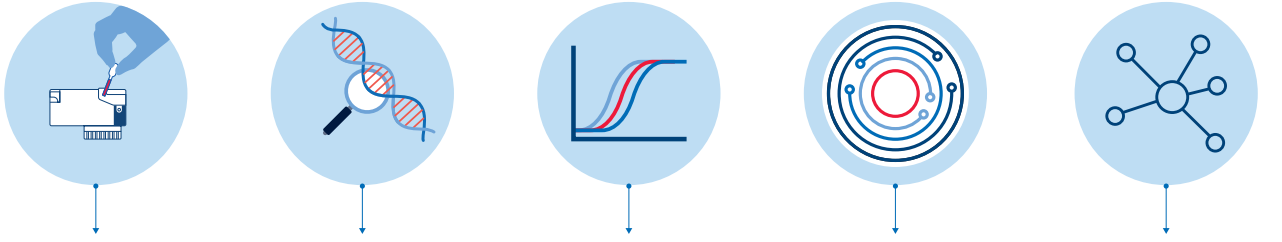


- **Simply add the sample and go**
  Less than one-minute hands-on time, with all reagents already on board
- **No precision pipetting**
  Use a transfer pipette, or a direct swab with our respiratory tests*

* Dependent on local product availability.

QIAstat-Dx goes beyond fast results

QIAstat-Dx is more than just a fast and reliable test. It's a complete syndromic testing system that can help you through every step of the diagnostic process:



Unique one-step workflow

Backed by 40 years of QIAGEN expertise in molecular biology

Additional clinical insights from Ct values and amplification curves

Convenient connectivity and epidemiology through the QIAsphere® app

Review and approve results from anywhere with the Remote Results Application for QIAstat-Dx Analyzer 2.0

A flexible QIAstat-Dx setup for every lab

QIAstat-Dx simplifies infectious disease diagnostics so you can get faster results for your patients. All you need are a patient sample, a QIAstat-Dx assay cartridge and one of our intuitive QIAstat-Dx instruments. Plus, our instruments run at a comfortable 68 dB, so they won't interrupt your flow in the lab.

QIAstat-Dx Analyzer 2.0

Up to 80 samples/day*

QIAstat-Dx Analyzer 2.0 is our small but powerful modular system, perfect for labs of every size.

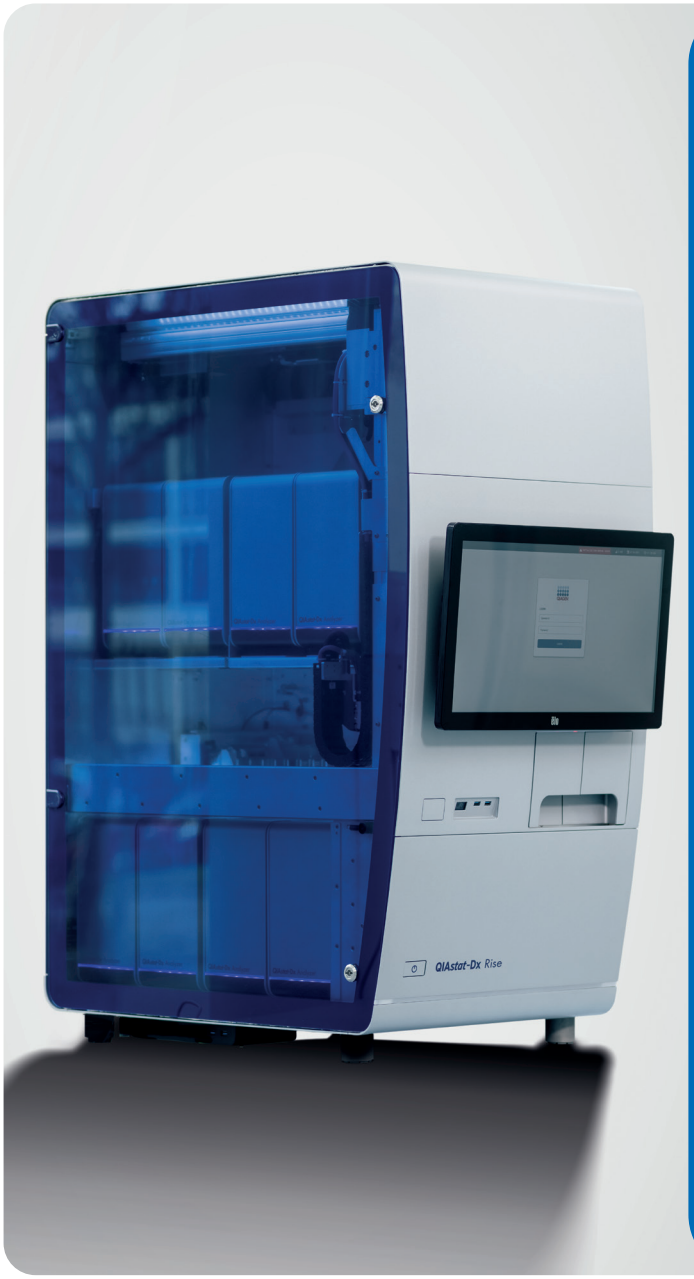
- **Get answers fast:** Comprehensive results in about an hour.
- **Fully customizable:** Equip it with between 1–4 Analytical Modules to test up to four samples at once.
- **Save space:** A small benchtop unit you can fit in any corner of your lab.

* Capacity when the QIAstat-Dx Analyzer 2.0 is equipped with 1 Operational Module and 4 Analytical Modules.

Clear answers for your pa

Easily view results and get additional clinical insights

- No ambiguity, just "yes" or "no" answers.
- Easy-to-view Ct values and amplification curves for every detected pathogen.



QIAstat-Dx Rise

Up to 160 samples/day†

QIAstat-Dx Rise is our higher-throughput powerhouse, built to fit the needs of high-demand institutions.

- **Gain time away from your instruments:** Batch process up to 16 cartridges‡.
- **Process priority tests fast:** Get random access through 2 additional urgent testing slots.
- **Load and go:** Load the full capacity of cartridges in just a few minutes and safely dispose of used tests in one step.

Mix and match flexibility

Every QIAstat-Dx Analytical Module is compatible with both QIAstat-Dx Analyzer 2.0 and QIAstat-Dx Rise. Easily update your QIAstat-Dx testing format based on your evolving testing needs.

† Capacity when the QIAstat-Dx Rise is equipped with 8 Analytical Modules and using the QIAstat-Dx Respiratory SARS-CoV-2 Panel.
‡ Only panels compatible with the QIAstat-Dx Rise: QIAstat-Dx Respiratory SARS-CoV-2 Panel and QIAstat-Dx Gastrointestinal Panel 2.

tients, no matter where you are

Review and approve results from anywhere

- Strengthen your healthcare network by enhancing collaboration between central labs and regional facilities.
- With the Remote Results Application§, lab leadership can view and approve results – anytime, anywhere.

§ The Remote Results Application is not yet available in all regions. Please contact your sales representative for further details.

Right test. Right patient. Right time.

QIAstat-Dx can support your medical center's diagnostic and antimicrobial stewardship efforts and help you optimize diagnosis and treatment.

By accurately identifying the pathogen(s) causing a patient's symptoms right away, QIAstat-Dx tests can help reduce unnecessary additional testing and support rational antimicrobial use (1,6).

Diagnostic stewardship
Improving patient care and lowering expenses by performing the right tests on the right individuals at the right time.

Antimicrobial stewardship
Making sure test results are interpreted correctly and used promptly to enhance patient care and minimize unnecessary antimicrobial use.

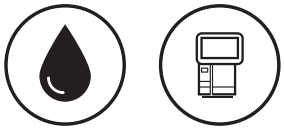
Accurate pathogen identification with QIAstat-Dx can help you fight back against antimicrobial resistance – and optimize treatment.

QIAstat-Dx provides fast answers for 4 challenging syndromes:

QIAstat-Dx Respiratory SARS-CoV-2 Panel

QIAstat-Dx Gastrointestinal Panel 2

QIAstat-Dx Meningitis/Encephalitis Panel



QIAstat-Dx BCID GPF Plus AMR Panel
QIAstat-Dx BCID GN Plus AMR Panel*

*The QIAstat-Dx BCID GN Plus AMR Panel is under development.

QIAstat-Dx Respiratory SARS-CoV-2 Panel

23 targets

~1 hour

300 µL universal transport medium or dry swab – no precision pipetting required

Overall Sensitivity: 96.01%
Overall Specificity: 99.70%*

Viruses

Influenza A
Influenza A subtype H1N1/2009
Influenza A subtype H1
Influenza A subtype H3
Influenza B
Coronavirus 229E
Coronavirus HKU1
Coronavirus NL63
Coronavirus OC43
SARS-CoV-2
Parainfluenza virus 1
Parainfluenza virus 2
Parainfluenza virus 3
Parainfluenza virus 4
Respiratory syncytial virus A/B
Human metapneumovirus A/B
Adenovirus
Bocavirus
Rhinovirus/Enterovirus †

Bacteria

Mycoplasma pneumoniae
Legionella pneumophila
Bordetella pertussis
Chlamydophila pneumoniae

Blue text:
Targets unique to QIAstat-Dx, selected for their medical relevance.

Acute respiratory infections pose a serious threat to vulnerable populations. Accurately diagnosing these infections can be difficult due to overlapping symptoms, often leading to delays in therapy. This can have serious consequences, like inappropriate treatments, unnecessary tests and longer hospital stays.

The QIAstat-Dx Respiratory SARS-CoV-2 Panel can help.

Our test is intended for analyzing nasopharyngeal swab samples from patients with a suspected respiratory infection (e.g., people with comorbidities and pediatric, elderly or immunocompromised patients).

Identifies more pathogens, including more co-detections, enabling faster triaging and infection control (1,3).

Reduces the time to result by ~20 hours (3).

Detects *Bordetella pertussis* using the highly sensitive IS481 multi-copy target, instead of the less sensitive single-copy pertussis toxin promoter (7,8).

* Data presented is for the QIAstat-Dx Respiratory SARS-CoV-2 Panel (Cat. No.691215); QIAstat-Dx Respiratory SARS-CoV-2 Panel Instructions for Use. QIAGEN, May 2025.

† Enterovirus and Rhinovirus are both detected, but not differentiated, with the QIAstat-Dx Respiratory SARS-CoV-2 Panel.

QIAstat-Dx Gastrointestinal Panel 2

23 targets

~1 hour

200 µL stool dispensed in Cary–Blair transport media

Overall Sensitivity: 95.3%*
Overall Specificity: 99.8%*

Bacteria
Campylobacter (C. jejuni, C. upsaliensis, C. coli)
Clostridium difficile (toxin A/B)
Enteroaggregative *E. coli* (EAEC)
Shigella/Enteroinvasive *E. coli* (EIEC)
Enteropathogenic *E. coli* (EPEC)
Enterotoxigenic *E. coli* (ETEC) *lt/st*
Plesiomonas shigelloides
Salmonella spp.
Shiga-like toxin-producing E. coli (STEC) *stx1* and *stx2* (including specific identification of *E. coli* O157 serogroup within STEC)†
Vibrio vulnificus
Vibrio parahaemolyticus
Vibrio cholerae
Yersinia enterocolitica

Viruses
Adenovirus F40/41
Astrovirus
Norovirus (GI, GII)
Rotavirus A
Sapovirus (GI, GII, GIV, GV)

Parasites
Cryptosporidium
Cyclospora cayetanensis
Entamoeba histolytica
Giardia lamblia

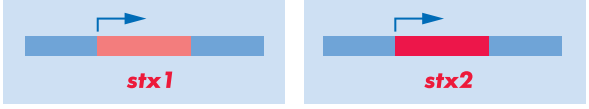
Blue text:
Targets unique to QIAstat-Dx, selected for their medical relevance.

The traditional diagnostic methods for suspected gastrointestinal infections can be slow, with a low diagnostic yield. The QIAstat-Dx Gastrointestinal Panel 2 can help.

Our test is intended for analyzing stool samples from individuals with signs and/or symptoms of gastrointestinal infection. In practice, testing may be considered for travelers, people with comorbidities, and pediatric, elderly or immunocompromised patients. Critieria includes patients who display one or more of the following: diarrhea for ≥7 days, traveler's diarrhea, diarrhea with warning signs or risk factors for severe disease or persistent diarrhea (9).

Identifies more pathogens, including co-detections, for targeted therapeutic decisions and evidence-based use of antibiotics (1).

Unlike other tests, ours detects and differentiates stx1 and stx2. This critical distinction can help pinpoint patients at risk of developing the life-threatening condition hemolytic uremic syndrome (HUS), which is strongly linked to stx2. By detecting HUS early, doctors can provide patients with the right care sooner and reduce the likelihood of long-term consequences (10,11).



* Data presented is for the QIAstat-Dx Gastrointestinal Panel 2 (Cat. No. 691413); QIAstat-Dx Gastrointestinal Panel 2 Instructions for Use. QIAGEN, November 2024.

† The *stx1* and *stx2* toxin genes of STEC are reported separately by the QIAstat-Dx Gastrointestinal Panel 2.

QIAstat-Dx Meningitis/ Encephalitis Panel

16
targets

~1
hour

200 µL cerebrospinal fluid (CSF) from lumbar puncture*

Overall Sensitivity: 97.7%†
Overall Specificity: 99.9%†

Bacteria

Escherichia coli K1
Haemophilus influenzae
Listeria monocytogenes
Neisseria meningitidis (encapsulated)
Streptococcus agalactiae
Streptococcus pneumoniae
Mycoplasma pneumoniae
Streptococcus pyogenes

Viruses

Enterovirus
Herpes simplex virus 1
Herpes simplex virus 2
Human herpes virus 6
Human parechovirus
Varicella zoster virus
Cytomegalovirus

Fungi

Cryptococcus neoformans/gattii‡

Blue text:
Targets unique to QIAstat-Dx, selected for their medical relevance.

Meningitis and encephalitis demand urgent management. But confirming the cause isn't always easy. Delays can prolong uncertainty and overuse of broad-spectrum therapies. With quick and easy pathogen identification, QIAstat-Dx Meningitis/Encephalitis (ME) Panel can help you provide confident care.

Our test is intended for analyzing CSF specimens obtained via lumbar puncture from individuals with signs and/or symptoms of meningitis and/or encephalitis (e.g. pediatric patients with or without pleocytosis, adults, immunocompromised individuals, suspicion of encephalitis) (12,13).

Broad coverage: 16 clinically relevant targets, including CMV and unique detection of emerging pathogen *Streptococcus pyogenes* (13).

Efficient patient care: Syndromic testing can reduce the time to diagnosis, impact patient management and save on healthcare costs (12).

Aligned with WHO guidelines: Fast, sensitive RT-PCR meets new meningitis testing guidelines (14).

* CSF specimens should be freshly collected and should not be centrifuged or diluted.
† Data presented is for the QIAstat-Dx Meningitis/Encephalitis Panel (IVDR, cat. no. 691612); QIAstat-Dx Meningitis/Encephalitis (ME) Panel Instructions for Use, 1st edition, June 2025.
‡ *Cryptococcus neoformans/Cryptococcus gattii* are both detected but not differentiated with the QIAstat-Dx Meningitis/Encephalitis Panel.

QIAstat-Dx BCID Plus AMR Panels

Earlier diagnostic insights from positive blood cultures support clinical decision-making

When a blood culture bottle flags positive, laboratories need rapid insights into the pathogen and potential antimicrobial resistance mechanisms. Conventional workflows rely on subculture, identification and antimicrobial susceptibility testing (AST), which may require 24–72 hours before final results are available.

The QIAstat-Dx BCID Plus AMR Panels* provide multiplex PCR detection of bloodstream pathogens and key resistance markers directly from positive blood cultures, delivering rapid molecular insights while conventional identification and AST continue (15,16).

With results in ~1 hour, QIAstat-Dx BCID Plus AMR Panels support earlier microbiology reporting and antimicrobial stewardship-guided therapy review while phenotypic AST confirmation is ongoing. This can help shorten the time to effective or optimal therapy in bloodstream infections (15,16).

Simple workflow for timely BCID testing

Minimal hands-on time and a sample-to-answer workflow help laboratories run BCID testing when positive blood cultures require rapid follow-up, including beyond routine laboratory hours (16).

*The QIAstat-Dx BCID GN Plus AMR Panel is under development.

Broad coverage of common gram-positive bloodstream pathogens Detection of key gram-positive organisms frequently identified in positive blood cultures, including *Staphylococcus aureus, Enterococcus* and *Staphylococcus capitis/Staphylococcus hominis* (17)

Earlier detection of resistance markers: *mecA/C* and *vanA/vanB* Detects the most actionable BCID resistance targets, supporting earlier recognition of MRSA and VRE while phenotypic AST is pending (15,18)

HLAR insight in *Enterococcus* on Day 1 Detection of *aac(6')-aph(2")* helps flag high-level aminoglycoside resistance (HLAR) in *Enterococcus* earlier, when synergy-based treatment considerations are still being assessed (19)

Not always contaminants: earlier insight into organisms requiring careful interpretation Rapid detection of targets such as *Corynebacterium, Bacillus cereus* group, *Micrococcus* spp. and coagulase-negative *Staphylococcus* may help laboratories interpret positive blood cultures earlier in the appropriate clinical context. (17,20)

***Candida auris* – species-level detection, WHO critical priority pathogen** Rapid recognition may help enable earlier treatment review and timely infection-control measures for a multidrug-resistant yeast associated with healthcare outbreaks (21,22)

Broad fungal coverage for invasive bloodstream infections in vulnerable patients Includes *Candida* group 1 and group 2, *Cryptococcus neoformans/gattii* and *Fusarium*. Targets for earlier recognition of fungal bloodstream infections (23,24)

QIAstat-Dx BCID Plus AMR Panels

QIAstat-Dx BCID GPF Plus AMR Panel

20 pathogen targets | **10** AMR targets | **~1** hour

300 µL diluted positive blood culture sample* or pure colony suspended in saline†

Gram-positive bacteria

Bacillus cereus group
Corynebacterium
Enterococcus faecalis
Enterococcus faecium
Listeria monocytogenes
Micrococcus spp.
Staphylococcus aureus
Staphylococcus capitis/hominis
Staphylococcus epidermidis
Staphylococcus lugdunensis
Streptococcus agalactiae
Streptococcus anginosus group
Streptococcus pneumoniae
Streptococcus pyogenes
Pan Gram-negative

AMR targets‡

mecA
mecC
vanA
vanB
aac(6')aph(2")
ermA
ermC
tetK
tetM
cfr

Fungi

Cryptococcus neoformans gattii§
Fusarium
Candida auris

Candida group 1¶
Candida albicans
Candida kefyr
Candida famata
Candida albicans
Candida kefyr
Candida famata

Candida group 2¶
Candida glabrata
Candida krusei
Candida parapsilosis
Candida lusitaniae

Blue: Targets unique to QIAstat-Dx, selected for their medical relevance.

QIAstat-Dx BCID GN Plus AMR Panel

13 pathogen targets | **18** AMR targets | **~1** hour

300 µL diluted positive blood culture sample* or pure colony suspended in saline†

Gram-negative bacteria

Enterobacter
Escherichia coli
Klebsiella
Proteus
Salmonella
Serratia
Pseudomonas aeruginosa
Neisseria meningitidis
Haemophilus influenzae
Acinetobacter calcoaceticus-baumannii complex
Bacteroides fragilis
Stenotrophomonas maltophilia
Pan *Enterobacterales*

AMR targets‡

CTX-M
SHV
TEM
VEB
PER
GES
ampC (CMY/LAT/DHA/FOX)
KPC
IMP
NDM
VIM
SPM
OXA-23
OXA-24/40
OXA-48-like
OXA-58
aac(6')-Ib
armA

* Samples grown in BioMérieux or Becton Dickinson blood culture bottles must be diluted in saline before loading 100 µL of the dilution into the cartridge.† The test is performed on pure colonies of *Bacilli, Actinobacteria* or fungi (except *Fusarium*).‡ Detection of AMR genes is conditional on the presence of a related pathogen. § *Cryptococcus neoformans/Cryptococcus gattii* are both detected, but not differentiated.¶ Candida groups 1 and 2 are both detected and identified at group level; individual species are not differentiated.

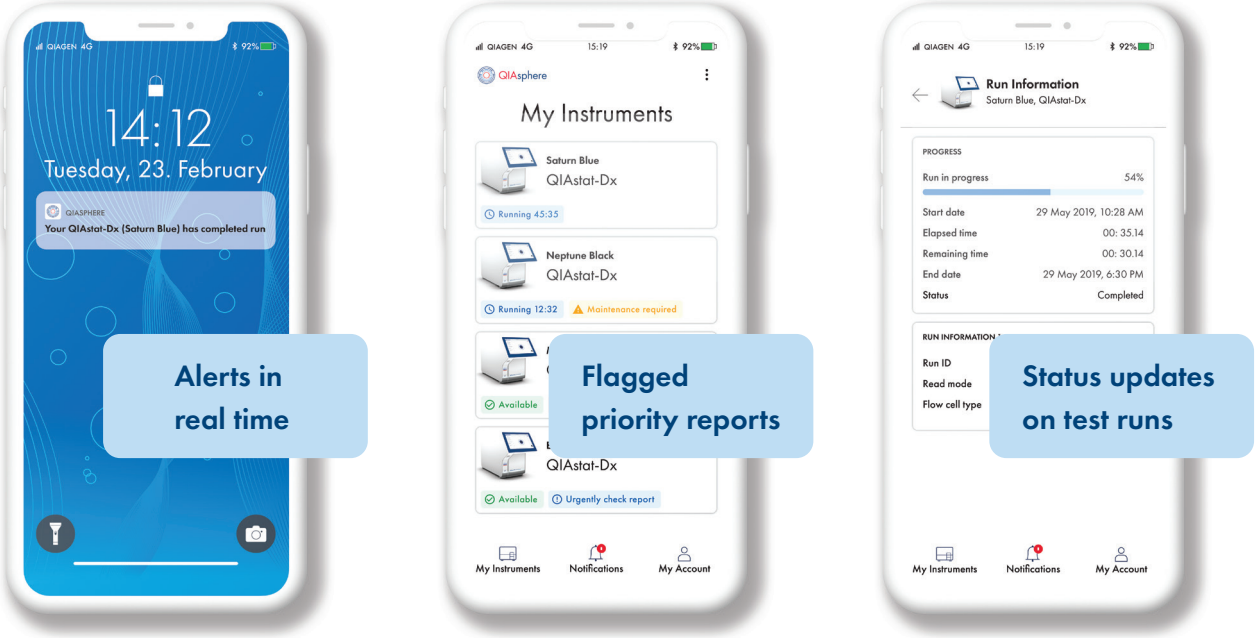
Your lab in the palm of your hand

QIAsphere

QIAsphere is our cloud-based platform for QIAGEN instruments that can help make your lab more connected and accessible. Now you can take your lab with you wherever you go with QIAstat-Dx connectivity, powered by QIAsphere*. In addition to bidirectional LIMS integration, QIAsphere gives you quick, consistent updates for unmatched visibility and control over testing, no matter where you are.

Stay one step ahead with real-time updates

Never miss a beat with push notifications sent straight to your mobile devices. With status updates, incident alerts and priority report flagging at your fingertips, you can leave your QIAstat-Dx running while you take care of everything else.



Built with patient privacy in mind

We take the security of your patients' confidential information very seriously. We've included several important safety features in the design of QIAsphere to ensure patient data is secure.

* Some features require a QIAstat-Dx Connectivity plan. Flexible plans are available to meet your needs.

QIAsphere Insights: Your compass for disease incidence and prevalence

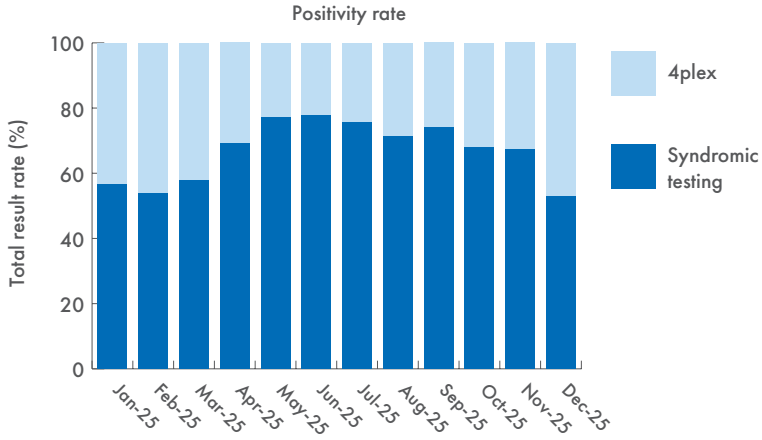
Currently available for QIAstat-Dx users, our QIAsphere Insights dashboards will transform the way you follow epidemiology trends. Easily view:

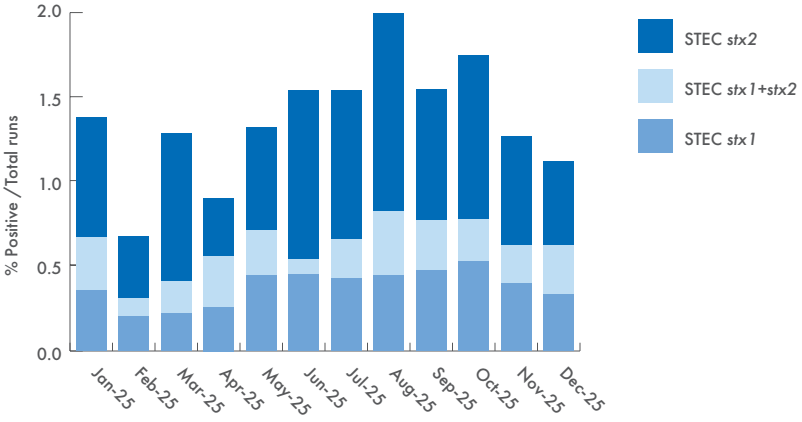
- Pathogen diversity, rates of co-detection, Ct value measures and more.
- Automated custom reports for local, regional and global data.
- Fully anonymized results, compliant with the highest standards of data privacy, for your patients' security.

Major takeaways from QIAsphere Insights for 2025

Greater pathogen diversity in respiratory illness

SARS-CoV-2 made up approximately 5% of positive detections. In contrast, there was an increase in bacterial detections, including *L. pneumophila* (0.6%), *M. pneumoniae* (3.6%) and *B. pertussis* (1.1%). Further, testing for only RSV, SARS-CoV-2 and Flu A/B (a "low-plex" approach) would have missed a large proportion of positive cases.





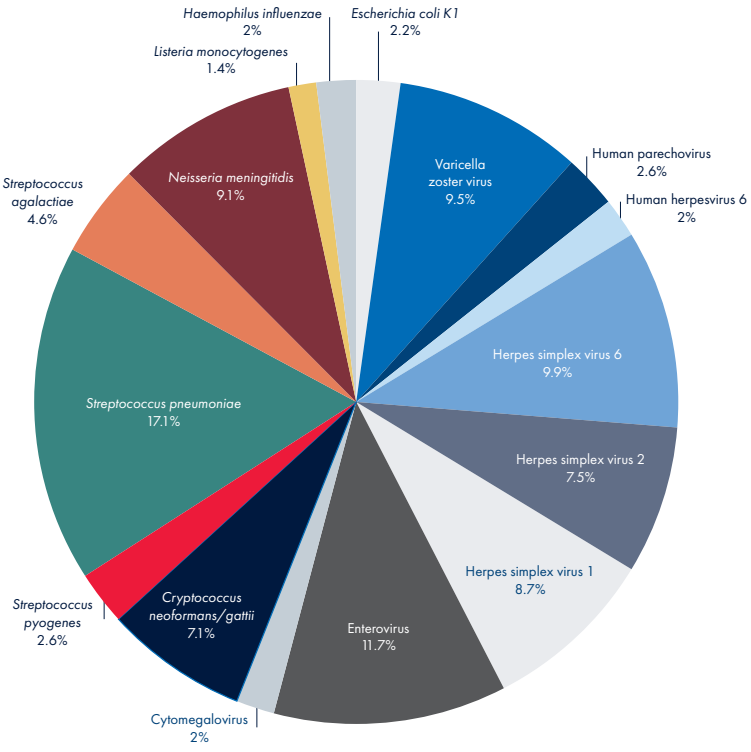
Caution around detecting *stx2f* in STEC

We saw a higher detection rate for *stx2* than *stx1*, important for HUS risk assessment. The European Centre for Disease Prevention and Control (ECDC) has warned of an ongoing surge in STEC subtype *stx2f* (25). Standard PCR primers can miss *stx2f* due to its genetic divergence. Unlike other syndromic tests, our QIAstat-Dx Gastrointestinal Panel 2 effectively detects the *stx2f* subtype.

Data from connected institutions were used for scientific research purposes only after applying proper de-identification procedures and anonymization techniques, in accordance with HIPAA and GDPR privacy and data protection rules. Data is aggregated from QIAsphere-connected QIAstat-Dx instruments only. From QIAstat-Dx Gastrointestinal Panel 2 (Cat. No. 691413), QIAstat-Dx Meningitis/Encephalitis Panel (Cat. No. 691612) and QIAstat-Dx Respiratory SARS-CoV-2 Panel (Cat. No. 691215) epidemiology dashboards in QIAsphere Insights, January – December 2025 for EMEA.

Emerging importance of *S. pyogenes* in meningitis/encephalitis

Streptococcus pyogenes was an important contributor to cases of meningitis/encephalitis, accounting for 2.6% of all positive detections. This target is uniquely available with our QIAstat-Dx Meningitis/Encephalitis Panel.



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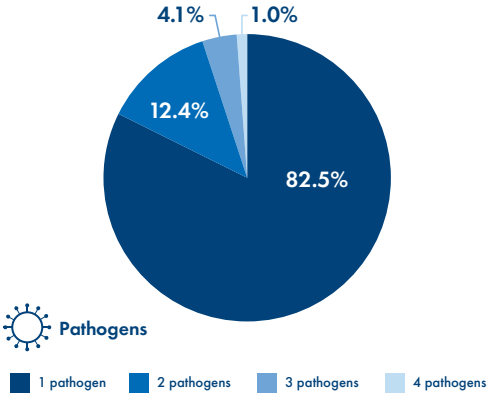
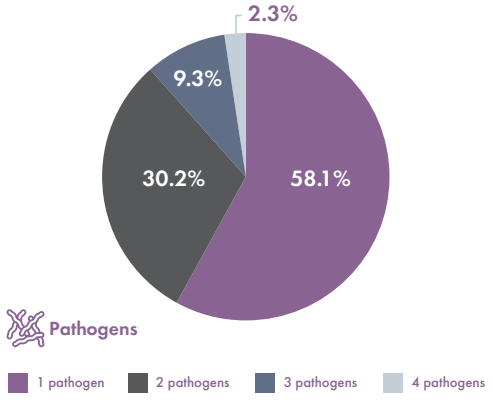
Don't settle for a partial picture of infections

Co-infections are far from rare and can worsen symptoms (26). Two recent studies using QIAstat-Dx panels found high co-detection rates for respiratory and gastrointestinal infections, with 2, 3 or even 4 pathogens co-detected.

Respiratory co-detections (27)



Gastrointestinal co-detections (1)



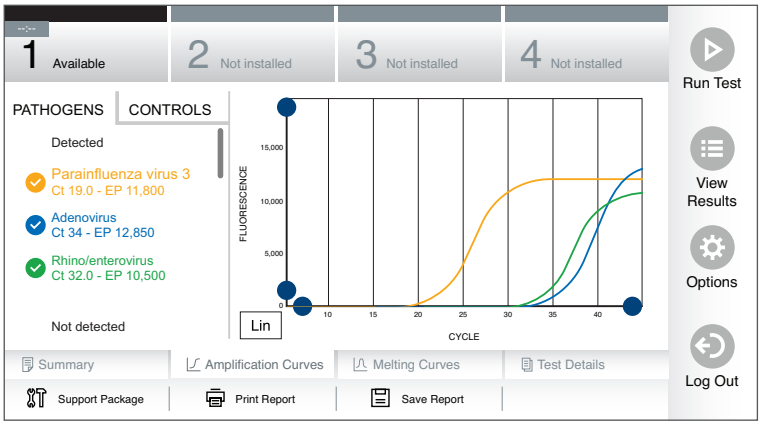
Comprehensive testing is crucial, but additional information may be necessary for clinical interpretation. That's where QIAstat-Dx stands out, uniquely providing easy access to Ct values and amplification curves for enhanced clinical insights.

Case study: Seeing beyond the symptoms with Ct values

A real clinical case resolved with results from QIAstat-Dx, provided by Xiaohui Nielsen, MD, PhD, Department of Clinical Microbiology, Zealand University Hospital, Denmark.

A 1-year-old child had a four-day history of fever, cough and runny nose. He was admitted to the hospital after experiencing progressive difficulty breathing. The diagnostic team performed traditional testing:

- Throat swab culture: *Steptococcus pyogenes* growth after two days.
- Blood culture: No growth.
- Chest X-ray: Diffuse infiltrative changes in the right lung, both upper and lower lobes.



At the same time, the team used a **QIAstat-Dx Respiratory SARS-CoV-2 Panel**. The results were available within five hours of admission.

The child tested positive for:

- Parainfluenza virus 3 | Ct 19
- Adenovirus | Ct 34
- Rhino/enterovirus | Ct 32

Clinical conclusion:
The child had viral pneumonia linked to parainfluenza virus 3, which had the lowest Ct value of the pathogens detected. He also had a *Streptococcus pyogenes* throat infection. The child recovered and was discharged after three days.

Ordering Information - Instruments

Product	Contents	Cat. no.
QIAstat-Dx Analyzer 2.0	Instrument consists of an Operational Module PRO (OM PRO) and 1 or more (as many as 4) Analytical Modules (AM).	9002828
Total dimensions (1 OM PRO + 1 AM)	234 x 326 x 517 mm (9.2 x 12.8 x 20.4 in)	
Total weight (1 OM PRO + 1 AM)	21 kg (46 lbs)	
Power requirements	100–240 VAC, 50–60 Hz, IEC 60320-1 C14 socket	
QIAstat-Dx Operational Module PRO	Includes elements that provide connectivity to the Analytical Modules and enable user interaction with the QIAstat-Dx Analyzer 2.0.	9002826
QIAstat-Dx Analytical Module	Contains the hardware and software for sample testing and analysis.	9002814
QIAstat-Dx Analyzer 1.0	Instrument consists of an Operational Module and 1 or more (as many as 4) Analytical Modules.	9002824
QIAstat-Dx Operational Module	Includes elements that provide connectivity to the Analytical Modules and enable user interaction with the QIAstat-Dx Analyzer 1.0.	9002813
QIAstat-Dx Rise Base	One each of system to enable interaction with up to eight Analytical Modules, multi-test front drawer to accept up to eighteen assay cartridges and waste drawer for automatic removal of spent assay cartridges.	9003163
Total dimensions	QIAstat-Dx Rise Base (door closed): 580 x 1280 x 810 mm (22.8 x 50.4 x 31.9 in) QIAstat-Dx Rise Base (door open): 1500 mm x 1280 x 810 mm (59 x 50.4 x 31.9 in) For installation and service interventions, 1.5 m of space around the instrument is required.	
Total weight	130 kg	
Power requirements	200–240 VAC	

Ordering Information - Assays

Product	Instruments	Contents	Cat. no.
QIAstat-Dx Respiratory SARS-CoV-2 Panel	QIAstat-Dx Analyzer & QIAstat-Dx Rise	Six individually packaged cartridges containing all reagents needed for sample preparation and multiplex RT-real time PCR, plus internal control, including six transfer pipettes	691215
QIAstat-Dx Gastrointestinal Panel 2	QIAstat-Dx Analyzer & QIAstat-Dx Rise		691413
QIAstat-Dx Meningitis/ Encephalitis Panel	QIAstat-Dx Analyzer		691612
QIAstat-Dx BCID GPF Plus AMR Panel	QIAstat-Dx Analyzer		691812
QIAstat-Dx BCID GN Plus AMR Panel*	QIAstat-Dx Analyzer		Coming soon

Ordering Information - Connectivity Plans

QIAstat-Dx, LIS Standard Integration	9245203
QIAsphere Connectivity Package A	9003093
QIAsphere License	9026833
QIAsphere Connectivity Support	9245520

*The QIAstat-Dx BCID GN Plus AMR Panel is under development.

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References:
1. Castany-Feixas M, et al. *Eur J Clin Microbiol Infect Dis.* 2021;40(10):2153-2160. doi:10.1007/s10096-021-04266-7*
2. Posnakoglou L, et al. *Eur J Clin Microbiol Infect Dis.* 2020;39(12):2379-2386. doi:10.1007/s10096-020-03986-6
3. Brendish NJ, et al. *Lancet Respir Med.* 2020;8(12):1192-1200. doi:10.1016/S2213-2600(20)30454-9*
4. Cybulski RJ Jr, et al. *Clin Infect Dis.* 2018;67(11):1688-169. doi:10.1093/cid/ciy357
5. Beal SG, et al. *J Clin Microbiol.* 2017;56(1):e01457-17. doi:10.1128/JCM.01457-17
6. Hansen LH, et al. *Acta Paediatr.* 2022;111(11):2195-2202. doi:10.1111/apa.16508*7. van Asten SAV, et al. BMC Microbiol. 2021;21(1):236. doi:10.1186/s12866-021-02289-w*
7. Jerris RC, et al. *J Clin Pathol.* 2015;68(5):394-396. doi:10.1136/jclinpath-2014-202833
8. Mayo Clinic Laboratories. Laboratory Testing for Infectious Causes of Diarrhea. Mayo Clinic Laboratories. Published 2025. Accessed March 16, 2026. https://www.mayocliniclabs.com/en/-/media/it-mmfiles/Special%20Instructions/E/F/F/Laboratory_Testing_For_Infectious_Causes_of_Diarrhea
9. Orth D, et al. *Diagn Microbiol Infect Dis.* 2007;59(3):235-242.
10. Shane AL, et al. *Clin Infect Dis.* 2017;65(12):1963-1973.
11. Precit MR, et al. *J Clin Microbiol.* 2020;58(3):e01592-19. Published 2020 Feb 24. doi:10.1128/JCM.01592-19
12. Centers for Disease Control and Prevention. Bacterial Meningitis. CDC; 2023. Accessed October 23, 2024. https://www.cdc.gov/meningitis/about/bacterial-meningitis.html
13. World Health Organization. Guidelines for the Diagnosis, Treatment and Prevention of Meningitis. Geneva: World Health Organization; 2025. Accessed March 16, 2026. https://www.who.int/publications/i/item/9789240108042
14. Peri AM, et al. *Clin Infect Dis.* 2024;79(2):502-515.
15. Wolk DM, et al. *Clin Microbiol Rev.* 2025;16:e0013724.
16. Carroll KC, et al. *J Clin Microbiol.* 2020;58(3):e01730-19.
17. Frens J, et al. *J Antimicrob Chemother.* 2024;79(Suppl 1):i37-i43.
18. Chow JW, et al. *Clin Infect Dis.* 2000;31(2):586-589.
19. Bryant S, et al. *Front Cell Infect Microbiol.* 2020;10:594951.
20. World Health Organization. Fungal priority pathogens list to guide research, development and public health action. Geneva, Switzerland: World Health Organization; Published 2022. Accessed march 16, 2026. https://iris.who.int/server/api/core/bitstreams/69af4379-4f27-4ac4-8973-74d7b52af7bd/content
21. Jones CR, et al. *J Med Microbiol.* 2024;73(5):001820.
22. 23. Černáková L, et al. *Int J Mol Sci.* 2021;22(9):4470.
23. 24. Nucci M, et al. *Clin Microbiol Rev.* 2007;20(4):695-704.
24. 25. European Centre for Disease Prevention and Control. STEC infection: annual epidemiological report for 2023. Published 2025. Accessed March 18, 2026. https://www.ecdc.europa.eu/en/publications-data/stec-infection-cases-annual-epidemiological-report-2023
25. Liu Y, et al. *EClinicalMedicine.* 2021;37:100955. doi:10.1016/j.eclinm.2021.100955
26. Ali U, et al. *Malays J Pathol.* 2023;45(2):215-227*

* Study performed using QIAstat-Dx products. Unless otherwise indicated, data cited pertains to the use of a device from another manufacturer.

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