



## Premier<sup>®</sup> Campy

### Reliable answers for confident *Campylobacter* detection

Premier Campy is a highly sensitive enzyme immunoassay that detects *Campylobacter* antigen directly from stool specimens. It delivers clear, reliable results to support same-day diagnosis of bacterial gastroenteritis. Early identification enables timely patient management, supports appropriate treatment decisions, and improves laboratory workflow efficiency.

# Premier Campy

## The Challenge

- *Campylobacter* is a leading cause of foodborne illness in the U.S., causing an estimated 1.5 million infections annually<sup>1</sup>
- Symptoms overlap with other enteric pathogens, complicating diagnosis
- Traditional culture methods are labor-intensive and time-consuming
- *Campylobacter* culture methods may miss up to 30% of positive specimens compared to non-culture diagnostic methods<sup>2</sup>

## The Need

- Reliable testing that improves detection compared to traditional culture methods
- Same day results to support timely diagnosis of *Campylobacter* infections
- Efficient workflows to support high volume testing in busy clinical laboratories

## Premier Campy Delivers

- Sensitive detection of *Campylobacter* antigen directly from stool specimens
- Same day results that aid timely clinical decision-making
- Microwell ELISA format supports high-volume testing, enabling efficient batch processing and streamlined laboratory workflows

## Specifications

### CLIA Status

Highly complex

### Turnaround Time

~2 hours

### Sample Type

Fresh, unpreserved stool or stool preserved in Cary-Blair

### Sample Storage

2-8 C or Frozen ( $\leq -20$ )

### Kit Storage

2-8 C

### Performance

Sensitivity 96.7%

Specificity 95.6%

### Catalog Number:

618096

### CPT Code

87427



For more information on the Premier Campy products, contact a specialist at [meridianbioscience.com/contactus](https://meridianbioscience.com/contactus)

#### References:

1. <https://www.cdc.gov/campylobacter/about/index.html>
2. Buss JE, et al. Eur J Clin Microbiol Infect Dis. 2019;38(6):1087–1093.