

Padova, 3 febbraio 2026
Savhotel Mantegna | Via Niccolò Tommaseo, 61



Microbiologia tradizionale e biologia molecolare: un'alleanza strategica



Con il patrocinio di



allplex™ Entero-DR Assay

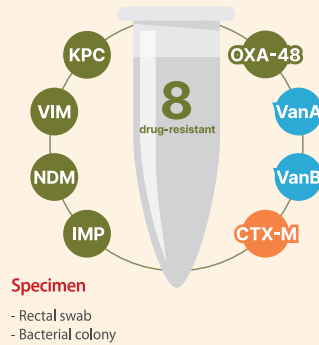
Early prevention of infection spread associated with antimicrobial resistance that can occur in healthcare settings

REAL TIME PCR
CE-IVD Marked

Antibiotic resistant bacteria became a global concern in clinical and public health aspects due to its ability to resist the effects of antibiotics. Antibiotic resistant bacteria spread from person to person in the community (community-acquisition) or from patient to patient in hospital (hospital-acquisition). Three major bacteria that acquired antibiotic resistance include carbapenemase-producing *Enterobacteriaceae* (CPE), vancomycin-resistant *Enterococci* (VRE) and extended-spectrum beta-lactamases-producing *Enterobacteriaceae* (ESBL).

Increase in antibiotic resistance strictly limits options for treatment which results greater disability and higher mortality rates. Thus, it is significant to provide appropriate antimicrobial treatments to patients rapidly and to decrease the spread of antibiotic resistant bacteria with early diagnosis.

Allplex™ Entero-DR Assay is a multiplex Real-time PCR assay that detects and identifies 8 antibiotic resistance genes simultaneously. Based on Seegene's proprietary MuDT™ technology, this assay reports multiple C_t values of each target in a single channel without melting curve analysis.

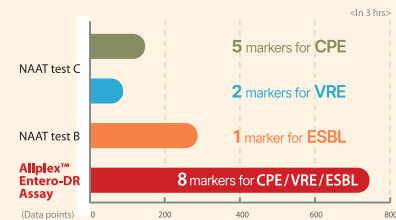
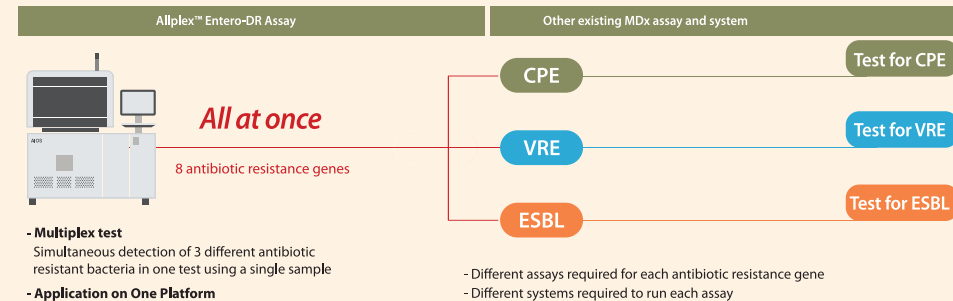


Analytes

Carbapenemase genes (CPE)	Vancomycin-resistance genes (VRE)	Extended-spectrum beta-lactamase gene (ESBL)	Internal Control (IC)
· KPC · VIM · NDM · IMP · OXA-48	· VanA · VanB	· CTX-M	· Internal Control (IC)

Why Allplex™ Entero-DR Assay?

Enhances productivity

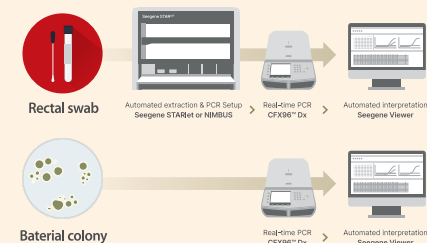


Provides more insights

Allplex™ Entero-DR Assay provides 768 data points (8 targets/test) for 96 samples within 3 hours for rectal swab.

For proper management of patients

Short TAT allows generation of faster results and elimination of workload and labor.



allplex™ Gastrointestinal Panel Assays

Comprehensive assay for the detection and identification of 25 gastrointestinal pathogens using one-step real-time RT-PCR

REAL TIME PCR
CE-IVD Marked

Why is the PCR a better way to diagnose gastrointestinal infection?

Testing becomes more efficient

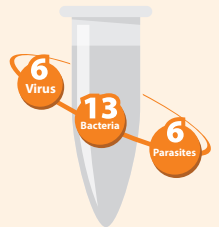
Gastrointestinal infection can be caused by a wide range of bacterial, viral, and/or parasitic pathogens, and has signs and symptoms such as watery diarrhea, nausea, vomiting, and fever. Conventional testing methods such as diagnostic cultures and microscopy have low-throughput and require a lot of manual steps and trained specialists. Using PCR methods on the other hand, testing can be done faster with better accuracy compared to conventional testing methods, providing much better diagnostic efficiency.



Analytes

Panel 1 Virus	Panel 2 Bacteria (I)	Panel 3 Bacteria (II)	Panel 4 Parasite
- Norovirus G I - Norovirus G II - Rotavirus - Adenovirus - Astrovirus - Sapovirus - Internal Control (IC)	- <i>Campylobacter</i> spp. - <i>Clostridium difficile</i> toxin B - <i>Salmonella</i> spp. - <i>Shigella</i> spp. / EPEC* - <i>Vibrio</i> spp. - <i>Yersinia enterocolitica</i> - <i>Aeromonas</i> spp. - Internal Control (IC)	- <i>Clostridium difficile</i> hypervirulent - <i>E. coli</i> O157 - STEC* (<i>stx1/2</i>) - EPEC* (<i>eaeA</i>) - ETEC* (<i>lt/st</i>) - EAEC* (<i>aggR</i>) - Internal Control (IC)	- <i>Giardia lamblia</i> - <i>Entamoeba histolytica</i> - <i>Cryptosporidium</i> spp. - <i>Blastocystis hominis</i> - <i>Dientamoeba fragilis</i> - <i>Cyclospora cayentensis</i> - Internal Control (IC)

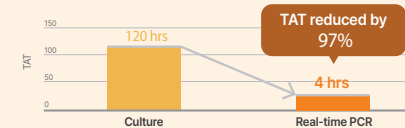
* EIEC: Enteroinvasive *E. coli*; STEC: Shiga toxin-producing *E. coli*; Enterohemorrhagic *E. coli*; EPEC: Enteropathogenic *E. coli*; ETEC: Enterotoxigenic *E. coli*; EAEC: Enterocaggregative *E. coli*



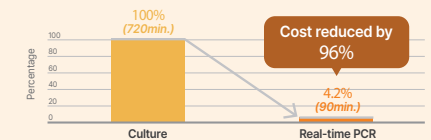
Fast and high-throughput testing¹⁾

Culture vs. Real-time PCR* for bacteria

• Time to result for 24 samples

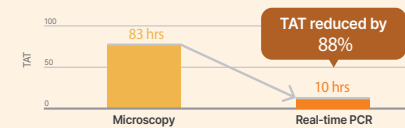


• Cost of labor for 90 samples (avg. wage \$27/hour)

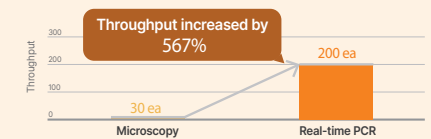


Microscopy vs. Real-time PCR for parasites

• Time to result for 200 samples per staff



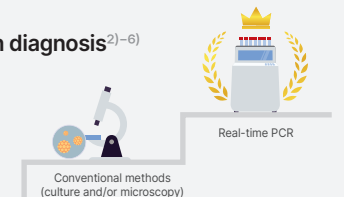
• Maximum sample processing capacity per staff in a day



*Real-time PCR is based on Seegene Allplex™ PCR assays

Real-time PCR, a more efficient method for GI infection diagnosis²⁾⁻⁶⁾

Many guidelines and studies have supported that real-time PCR method is a more efficient than conventional methods with its high sensitivity and specificity in detecting viral, bacterial, and parasitological pathogens associated with gastrointestinal infections.



PROGRAMMA

09:30 Introduzione | **Pierangelo Clerici**

Sessione I - Resistenze Antimicrobiche

Moderatori: Eliana Modolo, Davide Gibellini

09:50 Le sfide cliniche della resistenza antibiotica | **Carlo Tascini**

10:10 L'importanza dello screening delle resistenze antimicrobiche: il modello Toscana | **Gian Maria Rossolini**

10:30 La sorveglianza molecolare dell'antibiotico resistenza: l'esperienza dell'AULSS 2 | **Elisa Vian**

10:50 COFFEE BREAK

11:10 Infezioni da batteri MDR: sorveglianza molecolare come prima linea di difesa | **Andrea Busni**

11:30 Piani di contenimento del fenomeno dell'antibiotico resistenza nella Regione Veneto | **Romina Cazzaro**

11:50 TAVOLA ROTONDA

12:50 LUNCH

Sessione II - Infezioni Gastroenteriche

Moderatori: Valeria Besutti, Michela Pascarella

14:00 Utilizzo delle metodiche molecolari per la diagnostica delle infezioni gastrointestinali di natura virale | **Angela Maria Di Piero**

14:20 Impatto dei test molecolari nel percorso diagnostico delle gastroenteriti batteriche | **Giuliana Lo Cascio**

14:40 L'approccio molecolare sindromico nelle parassitosi intestinali: esperienza giuliano-isontina | **Libera Clemente**

15:00 Confronto tra diagnostica con metodi tradizionali e molecolari per la ricerca di Elminti | **Annarita Sansonetti**

15:20 L'importanza della ricerca dei *E. Coli* produttori di *Shiga toxin*: un nemico sottovalutato | **Gaia Scavia**

15:40 TAVOLA ROTONDA

16:40 TERMINE LAVORI