

NOW

THE ONLY REASON TO TREAT
PATIENTS FOR *CANDIDA* WILL BE
BECAUSE THEY ACTUALLY HAVE IT.



Species-specific results
direct from whole blood with
no blood culture in an
average of **4.3 hours**

Limits of detection
as low as 1 CFU/mL

Accurate results even in the
presence of antimicrobials

Fully automated with
limited hands-on time

T2Candida® is the first sepsis pathogen diagnostic panel requiring no blood culture, delivering faster, easier and accurate results in an average of 4.3 hours. Run on the T2Dx® Instrument utilizing T2 Magnetic Resonance (T2MR®) technology, the T2Candida Panel rapidly identifies the five clinically relevant species of *Candida* direct from whole blood so appropriate therapy can be initiated.

NOW YOU KNOW **NOW**

Clinical Data Demonstrates Superior Accuracy & Speed

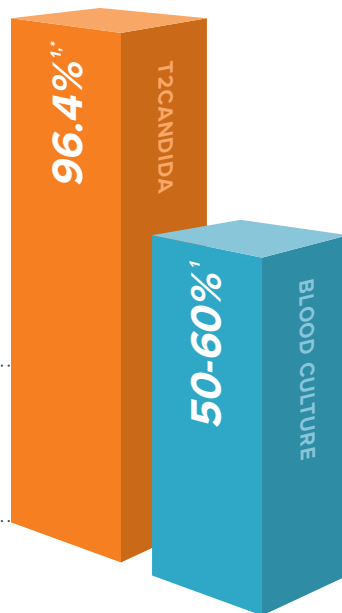
In a peer-reviewed publication, the T2Candida Panel has demonstrated superiority to blood culture for the detection of candidemia and invasive candidiasis.¹ In head to head comparative studies for the detection of *Candida*, the T2Candida Panel results indicated a sensitivity of 96.4%^{1*} compared to a sensitivity of 50-60% for blood culture.¹



T2CANDIDA ACCURACY

96.4%^{1*}
Sensitivity

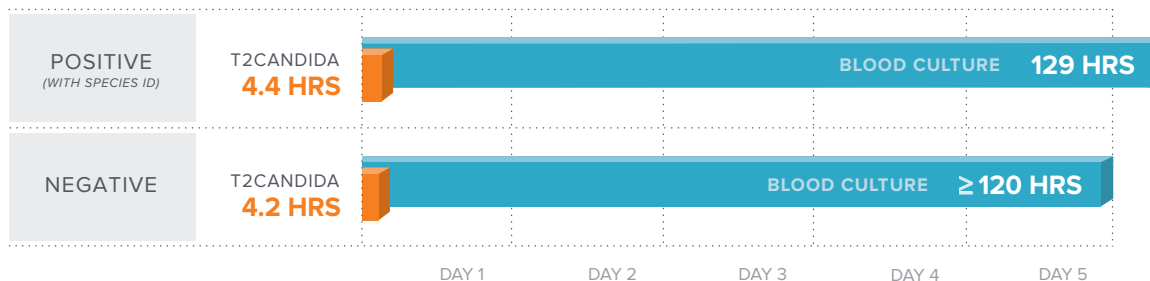
99.4%¹
Specificity



Blood culture demonstrates a sensitivity of 50-60%¹

T2CANDIDA SPEED

AVERAGE TIME TO RESULTS¹



The T2Candida Panel detects the five clinically relevant species of *Candida*: *Candida albicans*, *Candida tropicalis*, *Candida parapsilosis*, *Candida krusei*, and *Candida glabrata*.

For more information about blood culture-free detection of sepsis, visit www.t2biosystems.com/t2candida

¹ Pfaller, Michael A., Donna M. Wolk, and Thomas J. Lowery. "T2MR and T2Candida: novel technology for the rapid diagnosis of candidemia and invasive candidiasis." *Future microbiology* 0 (2015).

* Demonstrated sensitivity in FDA pivotal study of 91.1%. Sensitivity of 96.4% includes 45 cases of proven invasive candidiasis and 10 cases of probable or suspected invasive candidiasis from reference 1 (Pfaller et al.)

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