

# Same-Shift AST in Routine Clinical Workflows

A multicenter workflow analysis shows how QuickMIC® can bring actionable AST results forward by 17–45 hours, often within the same working shift – delivering AST results directly from positive blood cultures in 2-4 hours



## 12

Hospital Laboratories participated in the study

## 5

Countries across Europe

## 306

Isolates Evaluated included in the final analysis

## Why Same-Shift matters

In **bloodstream infections**, the value of AST depends not only on how fast a system runs, but on when the result becomes available for clinical use. Routine laboratories need susceptibility results early enough to support decisions on antibiotic escalation, de-escalation, or confirmation of therapy. That is where same-shift AST becomes important: it moves rapid testing closer to the moment treatment decisions are being made.

## 88% of AST Results were available in the same working shift

In the multicenter workflow analysis, **88% of QuickMIC®** AST results were available within the same working shift. This shows how ultra-rapid phenotypic AST can move actionable susceptibility information into a more useful decision window for routine laboratories and antibiotic therapy optimisation.

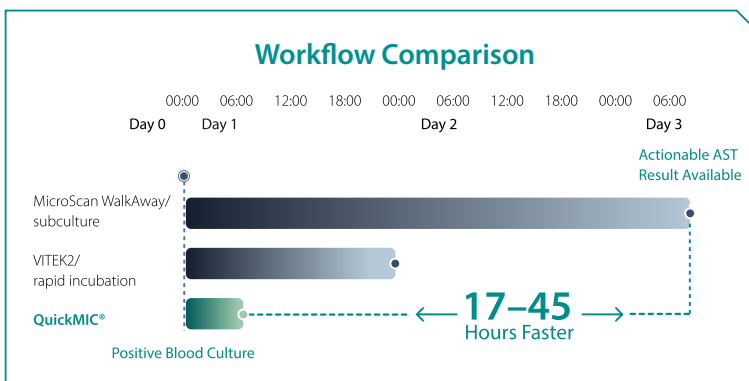
## What this study shows

- ✓ Multicenter routine laboratory evaluation
- ✓ Actionable AST results in 2 - 4 hours
- ✓ Potential 17-45 hour earlier actionable AST
- ✓ 88% Same-Shift reporting

## Why this matters

- ✓ Earlier access to actionable AST information
- ✓ Earlier opportunity to optimize antibiotic therapy
- ✓ Same-shift operational benefit for routine laboratories
- ✓ Demonstrates scalability across routine clinical settings

**QuickMIC®** delivers ultra-rapid AST in 2 - 4 hours, directly from positive blood cultures.



## Actionable AST, 17–45 hours faster

- ✓ QuickMIC® was evaluated within routine laboratory workflows across participating sites. Bacterial identification was performed as part of the workflow, alongside local AST methods such as automated systems, disc diffusion, broth microdilution, and rapid AST methods.

Across these diverse settings, QuickMIC showed a potential 17–45 hour reduction in time to actionable AST results.

<sup>1</sup>Åhman, A. K., Englöf, V., Knagge, K., Reibenspies, L., Avolio, M., Cabral da Silva, P., et al. (2026). Rapid AST in practice – a workflow analysis of the QuickMIC® rapid AST system at multiple clinical laboratories in Europe. *Front. Cell. Infect.* 16. doi: 10.3389/fcimb.2026.1823965

**“This study confirms that same-shift AST results are not just possible. They are scalable across routine clinical laboratories.” - Christer Malmberg, Chief Scientist**