



# Vancomycin VA 0.016-256

## INTENDED PURPOSE

Vancomycin VA 0.016-256 is an *in vitro* quantitative method for antimicrobial susceptibility of clinical isolates tested on agar media using overnight incubation. It is intended for use with pure cultures grown on agar media.

Within a diagnostic workflow, the device supports healthcare professionals in evaluating potential therapeutic options for patients with suspected bacterial infections.

The device is not automated and intended for professional use only. It is not intended to be used as a companion diagnostic.

Results obtained with this method provide information for the categorization of microorganisms as susceptible, intermediate, or resistant to the antimicrobial agent tested.

The test is used against the following microorganisms:

### Non fastidious gram-positive bacteria

*Staphylococcus aureus*

*Staphylococcus epidermidis*

*Enterococcus faecalis*

*Enterococcus faecium*

### Fastidious gram-positive bacteria

*Streptococcus pneumoniae*

*Streptococcus group A, B, C and G*

*Viridans group streptococci*

## DESCRIPTION

MTS (MIC Test Strip) are a gradient test used to determine the minimum inhibitory concentration (MIC) of select organisms to indicate appropriate patient treatment and for identifying resistance patterns. The MIC is the minimum inhibitory concentration of an antimicrobial drug that will inhibit the growth of microbes under standardized *in vitro* conditions.

Vancomycin VA 0.016-256 is made of special high-quality paper impregnated with a predefined concentration gradient of antibiotic across 15 two-fold dilutions like those of a conventional MIC method.

**Vancomycin concentration ranges** from 0.016 to 256 µg/mL.

## KIT CONTENT

MTS is supplied in 3 different packaging options (no additional reagents are included):

- The 10-test pack contains 10 strips individually packed in desiccant envelopes.
- The 30-test pack contains 30 strips individually packed in desiccant envelopes.
- The 100-test pack contains 100 strips in a canister with a desiccant built into the lid.

This instruction sheet is available from [www.liofilchem.com/MTS](http://www.liofilchem.com/MTS)

## MATERIALS REQUIRED BUT NOT PROVIDED

Standard microbiological supplies and equipment such as:

- Sterile loops, swabs (not too tightly spun), test tubes, pipettes and scissors

- Suspension medium
- McFarland turbidity standard
- Agar plate medium (validated by the media manufacturer for use with antimicrobial susceptibility testing, 90- or 150-mm plates)
- Forceps
- Incubator
- Quality control organisms

**Note:** The medium to be used as well as the inoculum suspension will depend on the organism under investigation, see the MTS Application Guide for specific recommendations.

## PRINCIPLE OF THE METHOD

When MTS is applied onto an inoculated agar surface, the preformed exponential gradient of antimicrobial agent diffuses into the agar for over an hour. After incubation, a symmetrical inhibition ellipse centered along the strip is formed. The MIC is read directly from the scale in term of  $\mu\text{g/mL}$  at the point where the edge of the inhibition ellipse intersects the strip MTS.

## SPECIMEN COLLECTION AND PREPARATION

MTS gradient tests are not for use directly with clinical or other specimens. The product is used to indicate appropriate patient treatment against infections caused by microorganisms that can be isolated from clinical samples of adult, juvenile and pediatric patients. There are no different indications for use according to sample source.

The microorganism to be tested must first be isolated on a nonselective culture medium, such as blood agar or tryptic soy agar (TSA). In case of mixed culture, selected colonies should be purified by subculturing. Differential media harboring chromogenic or fluorogenic substrates should not be used for the subculture. It is recommended that cultures be no more than 24 hours old unless additional incubation is required to achieve sufficient growth.

## TEST PROCEDURE

### Handling

Before using the MTS from an unopened package, visually inspect to ensure the package is intact. Do not use the strips if the package has been damaged. When removed from the refrigerator/freezer, allow the package or storage container to reach room temperature for about 30 minutes. Moisture condensing on the outer surface must evaporate completely before opening the package. Use forceps or a similar device to pick up a strip.

When using MTS from a canister, replace the lid immediately after use and store as outlined under STORAGE.

### Inoculum Preparation

Suspend well-isolated colonies from an overnight agar plate into the suspension medium to achieve the recommended McFarland standard. If the inoculum concentration is correct, a confluent lawn of growth will be obtained after incubation. If insufficient growth occurs, the testing should be repeated.

McFarland turbidity standards do not guarantee the correct number of viable cells in the suspension. In order to verify that your procedure gives the correct inoculum density in terms of CFU/mL performing regular colony counts is recommended. An acceptable inoculum should give approximately  $1-2 \times 10^8$  CFU/mL.

### Inoculation

Dip a sterile swab in the broth culture or in a diluted form thereof and squeeze it on the wall of the test tube to eliminate excess liquid. Streak the swab over the entire sterile agar surface. Repeat this procedure by streaking 2 more times, rotating the plate approximately 60 degrees each time to ensure an even distribution of inoculum. Allow excess moisture to be absorbed so that the surface is completely dry before applying MTS.

Use well-defined, high-quality media for AST that supports good growth. The brand chosen should have good batch-to-batch reproducibility to ensure that accurate and reliable MIC values are obtained.

The agar medium should have a depth of  $4.0 \pm 0.5$  mm, a pH of  $7.3 \pm 0.1$  and all other quality specifications should be fulfilled. Refer to the media manufacturer's instructions for more information.

### Application

Apply the strip to the agar surface with the scale facing upwards and code of the strip to the outside of the plate, pressing it with a sterile forceps on the surface of the agar and ensure that whole length of the antibiotic gradient is in complete contact with the agar surface. Once applied, do not move the strip.

### Incubation

Incubate the agar plates in an inverted position at the appropriate temperature, atmosphere and time. Refer to the MTS Application Guide for specific incubation instructions.

### READING THE RESULTS

After the required incubation period, and only when an even lawn of growth is distinctly visible, read the MIC value where the relevant inhibition ellipse intersects the strip. Do not read the plate if the culture appears mixed or if the lawn of growth is too light or too heavy.

For bactericidal drugs, like vancomycin, read the MIC at the point of complete inhibition of all growth. Haze and macrocolonies or microcolonies within 3 mm from the strip should be read as growth.

Growth along the entire gradient, i.e. no inhibition ellipse, indicates that the value is greater than or equal to ( $\geq$ ) the highest value on the scale. An inhibition ellipse that intersects below the lower end of the scale is read as less than ( $<$ ) the lowest value. Intersection between two scale segments should be rounded up to the higher value. An MIC of  $0.125 \mu\text{g/mL}$  is considered the same as  $0.12 \mu\text{g/mL}$  for reporting purposes.

### NOTES:

- Excessively wet plates prior to inoculation, insufficient drying before applying strips and/or unevenly streaked surfaces may give non confluent growth or jagged ellipse edges. Repeat the test if MIC endpoints are difficult to read. In the case of uneven MIC intersections, read the higher value. Repeat the test if the discrepancy is  $>1$  dilution.
- Occasionally, certain antimicrobial agent/microorganism combinations may give unusual results. In these cases, judgment of the MIC endpoint may be difficult for the inexperienced personnel. However, individuals can be trained through regular use of quality control strains, MTS reading guides and comparison with experienced personnel to correctly assess MIC endpoints.

Procedures specific to Vancomycin VA 0.016-256 are summarized in the following table:

|                   |                                                                                                                                  |                                                                                                                   |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Storage</b>    | Temperature between $-20^{\circ}\text{C}$ and $+8^{\circ}\text{C}$                                                               |                                                                                                                   |
| <b>Organism</b>   | <i>Staphylococcus aureus</i><br><i>Staphylococcus epidermidis</i><br><i>Enterococcus faecalis</i><br><i>Enterococcus faecium</i> | <i>Streptococcus pneumoniae</i><br><i>Streptococcus group A, B, C and G</i><br><i>Viridans group streptococci</i> |
| <b>Medium</b>     | Mueller Hinton Agar                                                                                                              | Mueller Hinton + 5% sheep blood Agar (CLSI)<br>Mueller Hinton Fastidious Agar (EUCAST)                            |
| <b>Inoculum</b>   | Suspension in saline (0.85% NaCl) to 0.5 McFarland standard                                                                      | Suspension in broth to 0.5 McFarland standard (1 if mucoid)                                                       |
| <b>Incubation</b> | Agar plates in inverted position at $35 \pm 2^{\circ}\text{C}$ for 16-20 hours in ambient atmosphere                             | Agar plates in inverted position at $35 \pm 2^{\circ}\text{C}$ for 20-24 hours in 5% $\text{CO}_2$                |
| <b>Reading</b>    | Interpret the MIC as 100% inhibition                                                                                             |                                                                                                                   |

## INTERPRETATION OF THE RESULTS

To categorize the result, typically as susceptible, intermediate or resistant, refer to current MIC breakpoints (below). Since MTS generates MIC values which fall between two-fold dilutions for interpretation, an MTS MIC value which falls between standard two-fold dilutions must be rounded up to the next standard upper two fold value before categorization. For example a *S. aureus* Vancomycin MIC of 0.19 µg/mL is reported as 0.25 µg/mL.

See reading guide for example pictures.

The MIC obtained should be interpreted according to current CLSI and EUCAST interpretive criteria (see below).

| Antimicrobial agent | Organism                                               | CLSI MIC Criteria (µg/ml) |   |      |
|---------------------|--------------------------------------------------------|---------------------------|---|------|
|                     |                                                        | S≤                        | I | R≥   |
| Vancomycin          | <i>S. aureus</i> , including MRSA                      | ≤ 2                       | - | 4-8  |
|                     | <i>Staphylococcus</i> spp. other than <i>S. aureus</i> | ≤ 4                       | - | 8-16 |
|                     | <i>Enterococcus</i> spp.                               | ≤ 4                       | - | 8-16 |
|                     | <i>Streptococcus pneumoniae</i>                        | ≤ 1                       | - |      |
|                     | <i>Streptococcus</i> spp. $\beta$ -Hemolytic Group     | ≤ 1                       | - | -    |
|                     | <i>Streptococcus</i> spp. Viridans Group               | ≤ 1                       | - | -    |

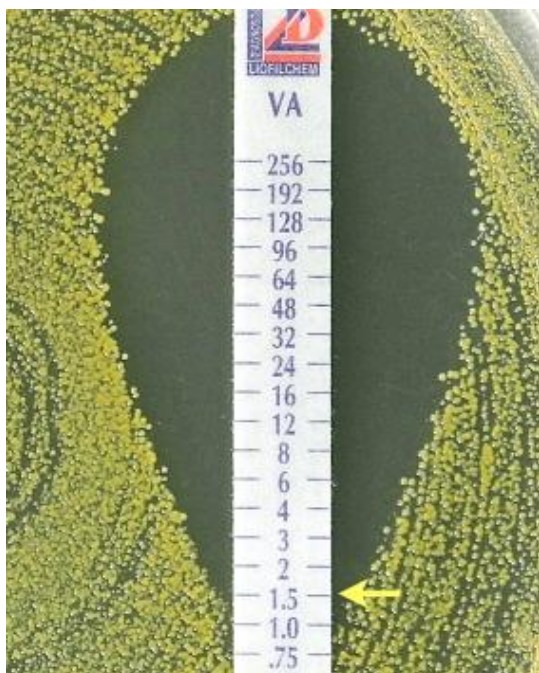
| Antimicrobial agent | Organism                                                            | EUCAST MIC Criteria (µg/ml) |    |
|---------------------|---------------------------------------------------------------------|-----------------------------|----|
|                     |                                                                     | S≤                          | R> |
| Vancomycin          | <i>Staphylococcus</i> spp. ( <i>S. aureus</i> )                     | 2                           | 2  |
|                     | <i>Staphylococcus</i> spp. (Coagulase negative staphylococci)       | 4                           | 4  |
|                     | <i>Enterococcus</i> spp. ( <i>E. faecalis</i> , <i>E. faecium</i> ) | 4                           | 4  |
|                     | <i>Enterococcus</i> spp. (other)                                    | 4                           | 4  |
|                     | <i>Streptococcus</i> groups A, B, C and G                           | 2                           | 2  |
|                     | <i>Streptococcus pneumoniae</i>                                     | 2                           | 2  |
|                     | <i>Viridans group streptococci</i>                                  | 2                           | 2  |

**Disclaimer:** This breakpoint table might be out-of-date and does not replace CLSI and EUCAST published guidelines, which always should be consulted before MIC categorization.

## Vancomycin VA 0.016-256 Reading Guide

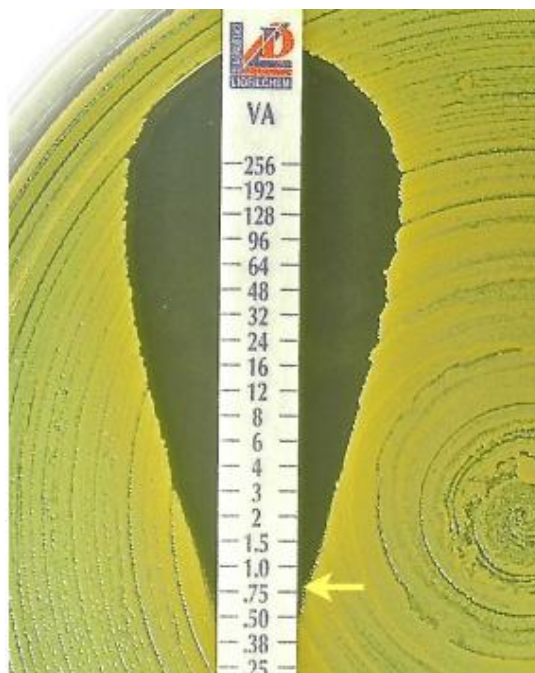
Example 1:

*S. aureus*, VA MIC = 1.5 µg/mL, reported as 2 µg/mL



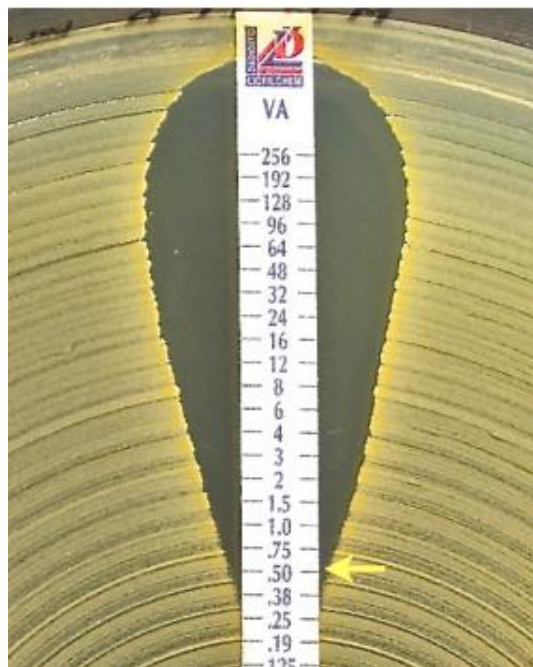
Example 2:

*S. aureus*, VA MIC = 0.75 µg/mL, reported as 1 µg/mL



Example 3:

*S. aureus*, VA MIC = 0.5 µg/mL



## USER QUALITY CONTROL

To check the performance of MTS reagents, media and procedure, test the quality control strain(s) as shown below. Results are considered satisfactory if the quality control result(s) fall within the expected range(s).

Patient isolate results should not be reported if the quality control results are outside of this stated QC range. MIC results for a QC strain that fall a half dilution below the lower QC limit should be rounded up to the next upper two-fold value which would establish QC compliance. MIC results that are a half dilution above the upper limit would be rounded up to the next upper two-fold value which would result in non-QC compliance.

| Antimicrobial agent | Control strain                  |             | MIC QC range (µg/ml)    |
|---------------------|---------------------------------|-------------|-------------------------|
| Vancomycin          | <i>Staphylococcus aureus</i>    | ATCC® 29213 | 0.5-2 <sup>a,b</sup>    |
|                     | <i>Enterococcus faecalis</i>    | ATCC® 29212 | 1-4 <sup>a,b</sup>      |
|                     | <i>Streptococcus pneumoniae</i> | ATCC® 49619 | 0.12-0.5 <sup>a,b</sup> |

a)CLSI M100-Ed36

b)EUCAST QC tables v16.0

## PERFORMANCE CHARACTERISTICS

### Accuracy

Accuracy of Vancomycin VA 0.016-256 was determined by evaluating the agreement of the AST system result with the result generated for the same isolate with the broth microdilution (BMD) reference method. To assess accuracy, Essential Agreement (EA) was calculated. EA occurs when the MIC of the MTS reagent and the reference method agree exactly or is within  $\pm 1$  dilution of each other.

### Bias

Bias of the method is the evaluation of test device results to determine whether the results that differ from the reference method are significantly skewed or predominantly in one direction.

A total of 889 clinical isolates were tested by three operators. The following table summarizes performance data from these studies.

| Antimicrobial agent | Organism Group                          | N          | %EA         | %Bias |
|---------------------|-----------------------------------------|------------|-------------|-------|
| Vancomycin          | <i>S. aureus</i>                        | 312        | 99.7        | 0.0   |
|                     | <i>S. epidermidis</i>                   | 60         | 100.0       |       |
|                     | <i>E. faecalis</i>                      | 378        | 100.0       |       |
|                     | <i>E. faecium</i>                       | 62         | 100.0       |       |
|                     | <i>Streptococcus pneumoniae</i>         | 31         | 100.0       |       |
|                     | <i>Streptococcus groups A,B,C and G</i> | 42         | 100.0       |       |
|                     | <i>Viridans group streptococci</i>      | 4          | 100.0       |       |
|                     | <b>TOTAL</b>                            | <b>889</b> | <b>99.9</b> |       |

N, Number of isolates

EA, Essential Agreement

### Non-Fastidious microorganisms Reproducibility

98.1% of Vancomycin VA 0.016-256 results (4 *S. aureus*, 1 *S. epidermidis*, 3 *E. faecalis* and 2 *E. faecium* tested in triplicate by 3 operators on 3 days) were within a doubling dilution of reference microdilution results.

### Non-Fastidious microorganisms Repeatability

100.0% of Vancomycin VA 0.016-256 results (4 *S. aureus*, 1 *S. epidermidis*, 3 *E. faecalis* and 2 *E. faecium* tested in triplicate) were within a doubling dilution of reference microdilution results.

### **Fastidious microorganisms Reproducibility**

100.0% of Vancomycin VA 0.016-256 results (1 *Streptococcus constellatus*-*S. anginosus* group, 2 *Streptococcus agalactiae*, 2 *Streptococcus dysgalactiae*, 1 *Streptococcus mitis*, 1 *Streptococcus pyogenes* and 3 *Streptococcus pneumoniae* tested in triplicate by 3 operators on 3 days) were within a doubling dilution of reference microdilution results.

### **Fastidious microorganisms Repeatability**

100.0% of Vancomycin VA 0.016-256 results (1 *Streptococcus constellatus*-*S. anginosus* group, 2 *Streptococcus agalactiae*, 2 *Streptococcus dysgalactiae*, 1 *Streptococcus mitis*, 1 *Streptococcus pyogenes* and 3 *Streptococcus pneumoniae* tested in triplicate) were within a doubling dilution of reference microdilution results.

## **LIMITATIONS**

The device is NOT intended for management of patients suffering from a life-threatening disease or condition.

Invalid results can be caused by poor specimen quality, improper sample collection, improper transportation, improper laboratory processing, or a limitation of the testing technology. The operator should understand the principles of the procedures, including its performance limitations, in advance of operation to avoid potential mistakes.

As with all AST data, MTS results are in vitro values only and may provide an indication of the organism's potential in vivo susceptibility. The use of results to guide therapy selection must be the sole decision and responsibility of

the attending physician. Their judgement should be based on the medical history and knowledge of the patient, pharmacokinetics/pharmacodynamics of the antimicrobial agent, and clinical experience in treating infections caused by the particular microbial pathogen. The drug, dose and dosing regimen must also be considered.

For details of specific interpretive limitations and/or limitations on the clinical use of an antimicrobial agent in various therapeutic situations, please refer to the tables and footnotes of MIC interpretive standards in the latest CLSI and EUCAST documents.

## **WARNINGS AND PRECAUTIONS**

- 1) For *in vitro* diagnostic use (IVD) only.**
- 2) For laboratory professional use only.**
- 3) The strip is for single use only and should not be reused.**
- 4) Operators must be trained and have certain experience. Please read the instructions carefully before using the kit. Reliability of assay results cannot be guaranteed if there are any deviations from the instructions in this document.
- 5) Do not use if material from a packaging or the packaging itself appear to be damaged.
- 6) Follow standard precautions. All patient specimens should be considered potentially infectious and handled accordingly.
- 7) Handle all specimens as if infectious using safe laboratory procedures. Dispose of hazardous or biologically contaminated materials according to the practices of your institution.
- 8) Avoid cross-contamination of samples by using disposable tips and changing them after each sample.
- 9) Do not mix reagents of different batches. Please use the kit within the validity period.
- 10) Do not eat, drink, smoke, apply cosmetics or handle contact lenses in areas where reagents and human specimens are handled.
- 11) Results should be interpreted by a trained professional in conjunction with the patient's history and clinical signs and symptoms, and epidemiological risk factors.
- 12) Ensure laboratory equipment is calibrated and maintained in accordance with the laboratory's procedure.
- 13) When test results are transmitted from the laboratory to an informatics centre, attention has to be done to avoid erroneous data transfer.

## **STORAGE**

Unopened foil packages and canisters: On receipt, store MTS at  $-20^{\circ}\text{C}$  to  $+8^{\circ}\text{C}$  until the given expiry date. Some MTS (e.g., carbapenems) should be stored frozen at  $-20^{\circ}\text{C} \pm 5^{\circ}\text{C}$ . Check the drug label for the specific storage temperature.

Opened foil packages: each foil has a single strip inside, that is for immediate single use only after opening.

**Opened canisters:** MTS in canisters can be used for up to 2 months from first opening (record the date on which the canister was open) and must be stored at the label storage temperature. Before using the remaining strips, check the expiry date indicated on the packaging. Do not store near sources of heat and do not expose to excessive temperature variations.

Protect MTS from moisture, heat and direct exposure to strong light at all times.

#### DISPOSAL OF USED MATERIAL

After use, MTS and material that has come into contact with the sample must be decontaminated and disposed of in accordance with guidelines used in the laboratory for decontamination and disposal of potentially infected material.

#### SUGGESTIONS FOR TROUBLESHOOTING

For out-of-range QC, first repeat the test with a pure culture or a freshly subcultured QC strain. If the issue is unresolved, follow this guidance for additional suggestions for troubleshooting out-of-range QC results and unusual clinical isolates results.

| Observation  | Probable Cause                   | Comments/Suggested Actions                                                                                                                                                                                                                                                                                                                                                                                |
|--------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MIC too low  | Inoculum too light               | Repeat using McFarland 0.5 turbidity standard or standardizing device. Check expiration date and proper storage if using barium sulfate or latex standards. Check steps in inoculum preparation and incubation procedure. Perform colony count check of growth control well immediately after inoculation and before incubation ( <i>E. coli</i> ATCC® 25922 closely approximates $5 \times 10^5$ CFU/ml) |
| MIC too high | Inoculum too heavy               |                                                                                                                                                                                                                                                                                                                                                                                                           |
| MIC too high | Antimicrobial agent is degrading | Use alternative lot. Check STORAGE and package integrity                                                                                                                                                                                                                                                                                                                                                  |

In case of other malfunctions or defects, contact immediately Liofilchem (\*) or the local representative.

In case of incident associated with the device, notify immediately Liofilchem (\*) or its local representative and the National Competent Authority.

\*Please login to <https://www.liofilchemstore.it/login.php> (user ID and password required) and click on Complaint.

## REFERENCES

1. CLSI. Performance Standards for Antimicrobial Susceptibility Testing. 36th ed. CLSI supplement M100 Clinical and Laboratory Standards Institute; 2026.
2. CLSI. Methods for Dilution Antimicrobial Susceptibility Tests for Bacteria That Grow Aerobically. 12th ed. CLSI standard M07. Wayne, PA: Clinical and Laboratory Standards Institute; 2024;
3. CLSI. Verification of Commercial Microbial Identification and Antimicrobial Susceptibility Testing Systems. 1st ed. CLSI guideline M52. Wayne, PA: Clinical and Laboratory Standards Institute; 2015.
4. The European Committee on Antimicrobial Susceptibility Testing. Breakpoint tables for interpretation of MICs and zone diameters. Version 16.0, valid from 2026-01-01. <http://www.eucast.org>
5. The European Committee on Antimicrobial Susceptibility Testing. Routine and extended internal quality control for MIC determination and disk diffusion as recommended by EUCAST. Version 16.0, valid from 2026-01-01. <http://www.eucast.org>
6. ISO 20776-1:2019 Clinical laboratory testing and in vitro diagnostic test systems -- Susceptibility testing of infectious agents and evaluation of performance of antimicrobial susceptibility test devices -- Part 1: Reference method for testing the in vitro activity of antimicrobial agents against rapidly growing aerobic bacteria involved in infectious diseases.
7. ISO 20776-2:2021 Clinical laboratory testing and in vitro diagnostic test systems - Susceptibility testing of infectious agents and evaluation of performance of antimicrobial susceptibility test devices -- Part 2: Evaluation of performance of antimicrobial susceptibility test devices.
8. U.S. Food & Drug Administration. FDA-Identified Interpretive Criteria and/or Exceptions to the Recognized CLSI Standard. <https://www.fda.gov/STIC> Antibacterial Susceptibility Test Interpretive Criteria

| Product    | µg/mL      | Code | Packaging | Ref.   |
|------------|------------|------|-----------|--------|
| Vancomycin | 0.016– 256 | VA   | 10        | 920571 |
|            |            |      | 30        | 92057  |
|            |            |      | 100       | 920570 |



#### Table of Symbols

|                                                                                     |                                           |
|-------------------------------------------------------------------------------------|-------------------------------------------|
|    | <i>In Vitro</i> Diagnostic Medical Device |
|    | Catalogue number                          |
|    | Batch code                                |
|    | Do not reuse                              |
|    | Identification number of notified body    |
|    | Manufacturer                              |
|    | Use by                                    |
|   | Contains sufficient for <n> tests         |
|  | Consult instructions for use              |
|  | Temperature limits                        |

## Revision History

| Revision | Release Date | Change Summary    |
|----------|--------------|-------------------|
| 0        | 30 Jun 2026  | Document creation |

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EUCAST stands for European Committee on Antimicrobial Susceptibility Testing. These data have been made available at no cost by EUCAST and can be accessed freely on the EUCAST website: [www.eucast.org](http://www.eucast.org). EUCAST recommendations are frequently updated and the latest versions are available at [www.eucast.org](http://www.eucast.org).

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