

BIO**CARTIS**

IDYLLA™ MSI TEST

GOING MOLECULAR HAS NEVER BEEN EASIER





OUR MISSION

**ENABLE UNIVERSAL ACCESS TO
PERSONALIZED MEDICINE FOR
PATIENTS AROUND THE WORLD**

**BY MAKING MOLECULAR TESTING
CONVENIENT, FAST, AND SUITABLE FOR
ANY LAB.**

MSI TESTING BACKGROUND



The Idylla™ MSI Test is a CE-marked IVD in Europe and validated for detection of MSI status in colorectal cancer.

TRADITIONAL MSI TESTING PITFALLS

The traditional way of MSI testing is not suitable to the modern, fast-paced clinical needs, as it is:

Complex

- It requires visual result interpretation
- It often calls for paired normal tissue for comparison, which might not be available

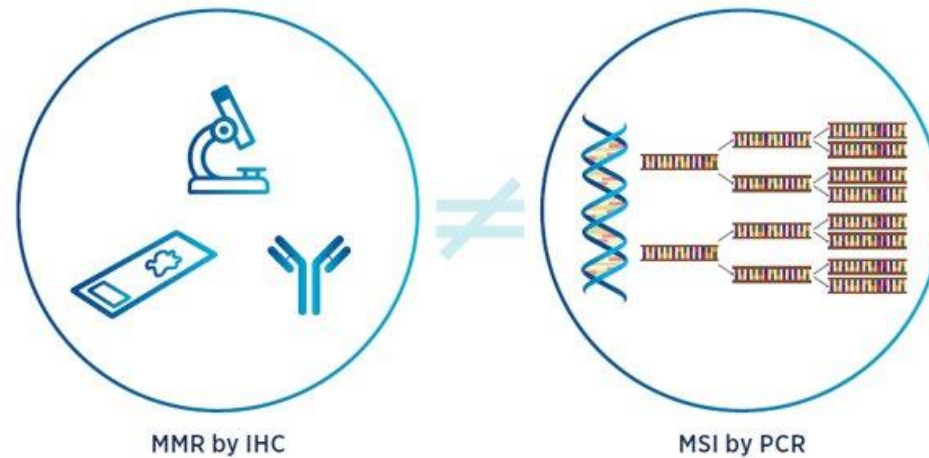
Technically demanding

- Traditional methods rely on highly trained staff
- Selection of appropriate tumor and normal tissue samples may be challenging
- A manual interpretation of test results is often needed

Slow

- Long turnaround time especially for molecular methods
- Cumbersome, lengthy workflows
- Batching of samples

DIFFERENCE BETWEEN MMR AND MSI DETERMINATION



MMR by IHC: measures the presence of four proteins (MLH1, MSH2, MSH6, PMS2) involved in the Mismatch Repair pathway in an FFPE sample. Lack of expression means that the pathway is compromised, and therefore there's a reduced capability for the cells to faithfully replicate DNA, possibly leading to tumorigenesis.

MSI by PCR: measures the length of homopolymeric biomarkers (microsatellites) present in the genome. An increased variability of the microsatellites lengths is a direct indication of an incorrect DNA replication, likely caused by a deficient ability of the cell to competently repair mismatches occurring during the DNA replication.

The Idylla™ MSI Test

Cleared by FDA as a 510(k)
Class II device



The Idylla™ MSI Test is a CE-marked IVD in Europe and validated for detection of MSI status in colorectal cancer.

NCCN GUIDELINES FOR LYNCH SYNDROME

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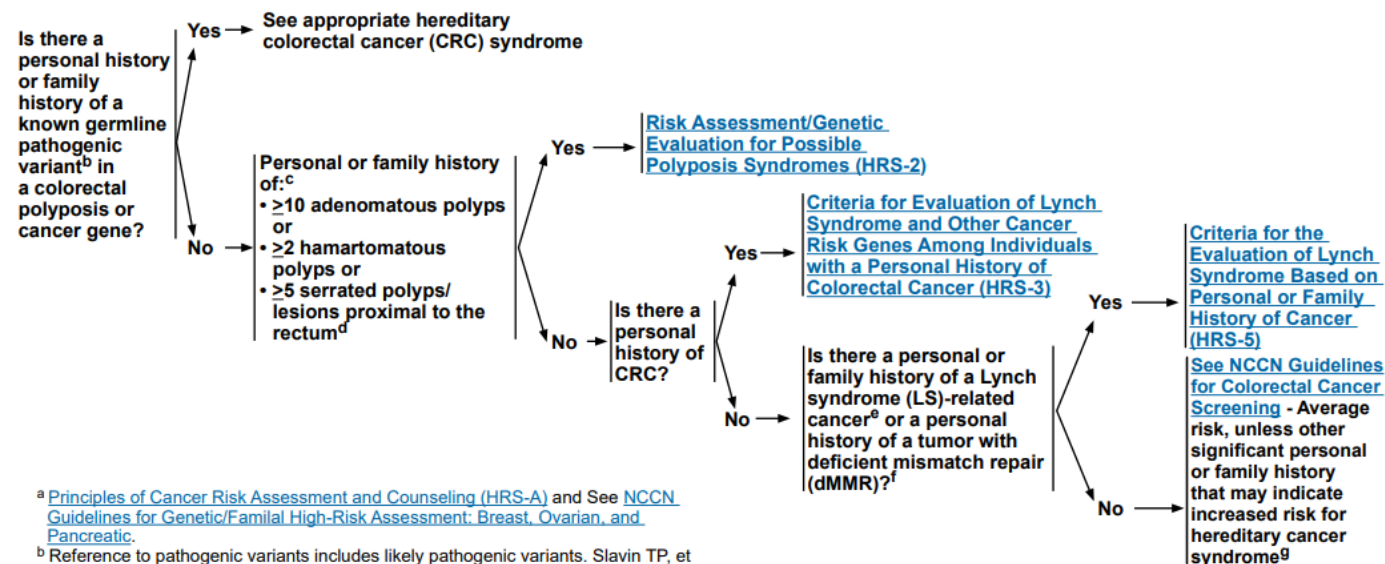
National
Comprehensive
Cancer
Network®

NCCN Guidelines Version 2.2022

Genetic/Familial High-Risk Assessment: Colorectal

[NCCN Guidelines Index](#)
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[Discussion](#)

ASSESSMENT FOR HEREDITARY CRC SYNDROME^a



^a [Principles of Cancer Risk Assessment and Counseling \(HRS-A\)](#) and See [NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic](#).

^b Reference to pathogenic variants includes likely pathogenic variants. Slavin TP, et al. J Natl Cancer Inst 2018;110:1059-1066.

^c Personal or family history of polyps is based on cumulative lifetime history of adenomas, hamartomas, and/or serrated polyps/lesions in the proband or a single family member.

^d In this case, serrated polyps/lesions refers to sessile serrated lesions (previously referred to as sessile serrated adenoma/polyps) with or without dysplasia, traditional serrated adenomas, and hyperplastic polyps ≥1 cm in size.

^e LS-related cancers include colorectal, endometrial, gastric, ovarian, pancreas, urothelial, brain (usually glioblastoma), biliary tract, and small intestine, as well as sebaceous adenomas, sebaceous carcinomas, and keratoacanthomas as seen in Muir-Torre syndrome.

^f Any tumor that 1) is microsatellite instability-high (MSI-H) by polymerase chain reaction (PCR) or next-generation sequencing (NGS); or 2) has abnormal/deficient MMR protein expression (dMMR) on immunohistochemistry (IHC) without concurrent MLH1 promoter hypermethylation or BRAF V600E mutation.

^g Increased risk warranting genetic evaluation may be indicated by, but not restricted to personal or family history of congenital hypertrophy of the retinal pigment epithelium (CHRPE), osteomas, supernumerary teeth, desmoid tumor, cribriform variant of papillary thyroid cancer, brain cancer (usually medulloblastoma), and hepatoblastoma, which may raise the potential for familial adenomatous polyposis (FAP), or personal or family history of other cancers, particularly multiple cancers or early age onset cancers.

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

HRS-1

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IDYLLA™ MSI TEST — INTENDED USE

For in vitro diagnostic use.

For use on the Biocartis Idylla™ System only.

The Idylla™ MSI Test, for use on the Idylla™ System, uses formalin-fixed, paraffin-embedded (FFPE) tissue sections of human CRC tumor, from which nucleic acids are liberated, then analyzed using PCR amplification of seven monomorphic biomarkers (ACVR2A, BTBD7, DIDO1, MRE11, RYR3, SEC31A and SULF2) and subsequent melt-curve analysis. The Idylla™ MSI Test reports results as either microsatellite stable (MSS), or microsatellite instability high (MSI-H) or invalid.

The Idylla™ MSI Test is indicated for use by healthcare professionals for the qualitative identification of microsatellite instability (MSI) in colorectal cancer (CRC) tumors, indicative of mismatch repair deficiency, and as an aid in the identification of probable Lynch syndrome to help identify patients that would benefit from additional genetic testing to diagnose Lynch syndrome.



IDYLLA™ MSI TEST — AT A GLANCE



Detection of a proprietary panel of seven biomarkers in one cartridge



In average, less than **3 minutes** hands-on time (HOT)
Assay turn-around time (TAT) of approx. **150 minutes**



Limited sample input: at minimum **1 FFPE** slice with no need for paired non-tumor samples



Fully automated molecular walk-away system for on-demand testing

MINIMAL SPECIMEN REQUIREMENTS

- 62.5 mm² when 4 µm FFPE tissue sections are used.
- 50 mm² when 5 µm FFPE tissue sections are used.
- 25 mm² when 10 µm FFPE tissue sections are used.
- Multiple FFPE tissue sections (up to 5) can be used to meet this requirement
- ≥ 33% neoplastic cell content



IDYLLA™ MSI TEST — FULLY AUTOMATED FFPE SAMPLE TO RESULT



- No sample pre-treatment
- No molecular infrastructure required
- All reagents pre-loaded in the cartridge

IDYLLA™ MSI TEST — A PROPRIETARY SET OF BIOMARKERS

- ✓ The 7 Idylla™ MSI biomarkers are homopolymers that are frequently mutated in MSI-H colorectal cancer

IDYLLA™ biomarkers

ACVR2A
BTBD7
DIDO1
MRE11
RYR3
SEC31A
SULF2



Stable markers in multiple cancer types and across different ethnicities¹ – no need for normal samples



High mutation frequency in MSI-H colorectal, gastric and endometrial cancers



Short PCR amplicons for a high valid rate, even with low quality DNA samples

IDYLLA™ MSI TEST - UNBIASED RESULT REPORT



Idylla™ MSI reports the overall call with
3 possible results:

- **VALID** result if 5 or more biomarkers are amplified
 - **MSS** if <2 biomarkers mutant
 - **MSI-H** if >=2 biomarkers mutant
- **INVALID** result if more than 2 biomarkers are invalid



Idylla™ MSI reports a **Quality Status** indicating the validity of the Idylla™ MSI Test

TEST RESULT REPORT
Test performed at PCR Lab R1.010, Generaal De Wittelaan 11 B2 2800 Mechelen, Belgium, Lab Coordinator: +3215622800

Sample ID	S1_rep_MSI_Sample1_2		
Sample type	FFPE tissue		
Cartridge ID	55870045		
Test type	MSI_IUO/2.0	TTP Version	1.46
Lot ID	00005567	Expiration date	26 Nov 2022

Instrument serial number	SER476
Instrument software version	26.0
Console Serial Number	C00000524
Console software version	4.4.0.630
Test request completed	01 Mar 2022 (08:55)
Test started	01 Mar 2022 (08:55)
Test ended	01 Mar 2022 (11:18)
Test status	Released result: Automatic, 01 Mar 2022 (11:18)
Operator	YDAE

Test Result (1) For Investigational Use Only. The performance characteristics of this product have not been established.

Idylla™ MSI Test

MSI Status	MSS
Number of positive MSI biomarkers	0/7
MSI Score Range	< 0.15
Quality Status	7 MSI biomarkers have been properly amplified and therefore the Test result is VALID.

(1) Information concerning the purpose of the investigational use is available in the study plan.

World leading performance

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NEVER BEEN EASIER



The Idylla™ MSI Test is a CE-marked IVD in Europe and validated for detection of MSI status in colorectal cancer.

THE IDYLLA™ MSI TEST — WORLDWIDE CLINICAL RECOGNITION



- **510k** for Lynch Syndrome (registration number K211181)
- **CDx** project in progress



- **CE-IVD (IVDD)**
- **CDx** project in progress



- Approved **CDx** for *OPDIVO®* and *KEYTRUDA®*
- Approved for chemotherapy selection
- Lynch Syndrome



- **Platform** registered 2022
- Idylla™ MSI type testing certificate 2022
- Idylla™ MSI registrational clinical study in progress



Idylla™ MSI test is also registered in : Australia, Brazil, Canada, Colombia, Costa Rica, Ecuador, Hong Kong, Iran, Israel, Malaysia, Montenegro, Morocco, New Zealand, Peru, Russia, Saudi-Arabia, Serbia, Singapore, Taiwan, Thailand, Tunisia, Uruguay, Vietnam

IDYLLA™ MSI TEST — WORLD LEADING PERFORMANCE

Reliable results

Various studies showed **excellent concordance** against IHC and other PRC techniques

Low input

Successful results can be obtained when sample is limited or **after NGS failures**



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IDYLLA™ MSI TEST — WORLD LEADING PERFORMANCE



Proven concordance against IHC

A study by Velasco et al. tested 1075 CRC cases comparing Idylla™ with immunohistochemistry in 44 different centers across the globe.

IHC

Idylla™		dMMR	pMMR	Invalid	Doubtful	Total
	MSI-H	501	12	1	10	524
	MSS	25	487	6	30	548
	Invalid	2	1	0	0	3
	Total	528	500	7	40	1075

Positive agreement 501/526 = 95.24% (CI: 93.08–96.76%)

Negative agreement 487/499 = 97.59% (CI: 95.84–98.62%)

Overall agreement 988/1025 = 96.39% (CI: 95.06–97.37%)

Similar results were obtained by Zwaenepoel et al, with a 98.7% concordance on 330 CRC samples against IHC

THE ADVANTAGE OF A COMPLETELY AUTOMATED RESULT CALLING

- In the study by Velasco, IHC was not correctly interpretable in around 3,7% of cases.

IDYLLA™ MSI TEST — FASTEST TURNAROUND TIME



> J Pathol Transl Med. 2019 Nov;53(6):386-392. doi: 10.4132/jptm.2019.09.25. Epub 2019 Oct 11.

Clinical Utility of a Fully Automated Microsatellite Instability Test with Minimal Hands-on Time

Miseon Lee ¹, Sung-Min Chun ¹, Chang Ohk Sung ¹, Sun Y Kim ³, Tae W Kim ³,
Se Jin Jang ¹, Jihun Kim ¹

Affiliations + expand

PMID: 31606978 PMCID: PMC6877435 DOI: 10.4132/jptm.2019.09.25

[Free PMC article](#)

Abstract

Background: Microsatellite instability (MSI) analysis is becoming increasingly important in many types of tumor including colorectal cancer (CRC). The commonly used MSI tests are either time-consuming or labor-intensive. A fully automated MSI test, the Idylla MSI assay, has recently been introduced. However, its diagnostic performance has not been extensively validated in clinical CRC samples.

Methods: We evaluated 133 samples whose MSI status had been rigorously validated by standard polymerase chain reaction (PCR), clinical nextgeneration sequencing (NGS) cancer panel test, or both. We evaluated the diagnostic performance of the Idylla MSI assay in terms of sensitivity, specificity, and positive and negative predictive values, as well as various sample requirements, such as minimum tumor purity and the quality of paraffin blocks.

Results: Compared with the gold standard results confirmed through both PCR MSI test and NGS, the Idylla MSI assay showed 99.05% accuracy (104/105), 100% sensitivity (11/11), 98.94% specificity (93/94), 91.67% positive predictive value (11/12), and 100% negative predictive value (93/93). In addition, the Idylla MSI assay did not require macro-dissection in most samples and reliably detected MSI-high in samples with approximately 10% tumor purity. The total turnaround time was about 150 minutes and the hands-on time was less than 2 minutes.

Conclusions: The Idylla MSI assay shows good diagnostic performance that is sufficient for its implementation in the clinic to determine the MSI status of at least the CRC samples. In addition, the fully automated procedure requires only a few slices of formalin-fixed paraffin-embedded tissue and might greatly save time and labor.

Keywords: Diagnostic performance; Idylla MSI test; Microsatellite instability; Polymerase chain reaction; Tumor purity.



Comparative Study > J Clin Pathol. 2019 Dec;72(12):830-835.
doi: 10.1136/jclinpath-2019-205935. Epub 2019 Jun 23.

Microsatellite instability diagnosis using the fully automated Idylla platform: feasibility study of an in-house rapid molecular testing ancillary to immunohistochemistry in pathology laboratories

Laura Samaison ¹, Mélanie Grall ¹, Frédéric Staroz ¹, Arnaud Uguen ²

Affiliations + expand

PMID: 31235541 DOI: 10.1136/jclinpath-2019-205935

Abstract

Aim: To study the performances of the Idylla MSI Assay in the diagnosis of microsatellite instability (MSI) or microsatellite stability (MSS).

Methods: We selected 12 tumour samples previously tested for MSI focusing on cases with discrepant results between MLH1, PMS2, MSH2 and MSH6 immunohistochemistry and microsatellite molecular analyses (five cases) or doubtful immunohistochemistry (two cases). Idylla MSI Assay was compared with retrospective immunohistochemistry and molecular results.

Results: Idylla MSI Assay showed an almost perfect concordance with microsatellite analysis results previously obtained (only one case with not fully conclusive analysis due to sample exhaustion). The full molecular analysis took less than 150 min per sample and revealed no mutation in any of the seven microsatellite sequences in five MSS samples and four to six mutated ones in seven MSI-High samples.

Conclusion: At the era when the determination of MSI/MSS status is becoming important for rapid treatment choices, the Idylla MSI Assay consists of a valuable easy-to-perform diagnostic tool that allows, complementary to MLH1, PMS2, MSH2 and MSH6 immunohistochemistry, the diagnosis of MSI/MSS status in a single day.

Keywords: Idylla; colorectal cancer; immunohistochemistry; microsatellite instability; mismatch repair deficiency.



> Clin Colorectal Cancer. 2019 Dec;18(4):e316-e323. doi: 10.1016/j.clcc.2019.05.006. Epub 2019 Jun 13.

Evaluation of a Fully Automated Idylla Test System for Microsatellite Instability in Colorectal Cancer

Xiang Li ¹, Jin Xu ², Lei Li ³, Xiaofeng Mu ⁴, Ye Wang ⁵, Xinmin Li ⁶

Affiliations + expand

PMID: 31375292 DOI: 10.1016/j.clcc.2019.05.006

Abstract

Background: Microsatellite instability (MSI) is a phenotype commonly observed in colorectal cancer, and is caused by a deficient mismatch repair system. Determining MSI status greatly aids tumor prognosis and treatment plans in colorectal cancer, and plays a critical role in recent United States Food and Drug Administration-approved immunotherapies. As recognition of its importance grows, MSI has been identified in more types of cancers, underscoring the importance of accurate assays for determining MSI status in tumor cells. Currently, tumor MSI status is detected via polymerase chain reaction-based methods or immunohistochemistry.

Materials and methods: In this study, we tested a new, fully automated MSI detection system (Idylla MSI detection kit) released by Biocartis. We evaluated 42 formalin-fixed paraffin-embedded tumor tissues, which were clinically tested for MSI status using the polymerase chain reaction or immunohistochemistry method, with the Idylla MSI detection system.

Results: The Idylla MSI detection system showed an overall 97.62% concordance rate with previously used methods. Moreover, this fully automated system requires less than 5 minutes "hands on" preparation time and 150 minutes total run time per sample.

Conclusion: The Biocartis Idylla MSI kit proves a powerful tool to accurately detect MSI status in tumor cells in a rapid and almost labor-free manner.

Keywords: Colorectal Cancer; FFPE; Immunotherapies; Mismatch repair; Rapid detection.

‘greatly save time and labor’

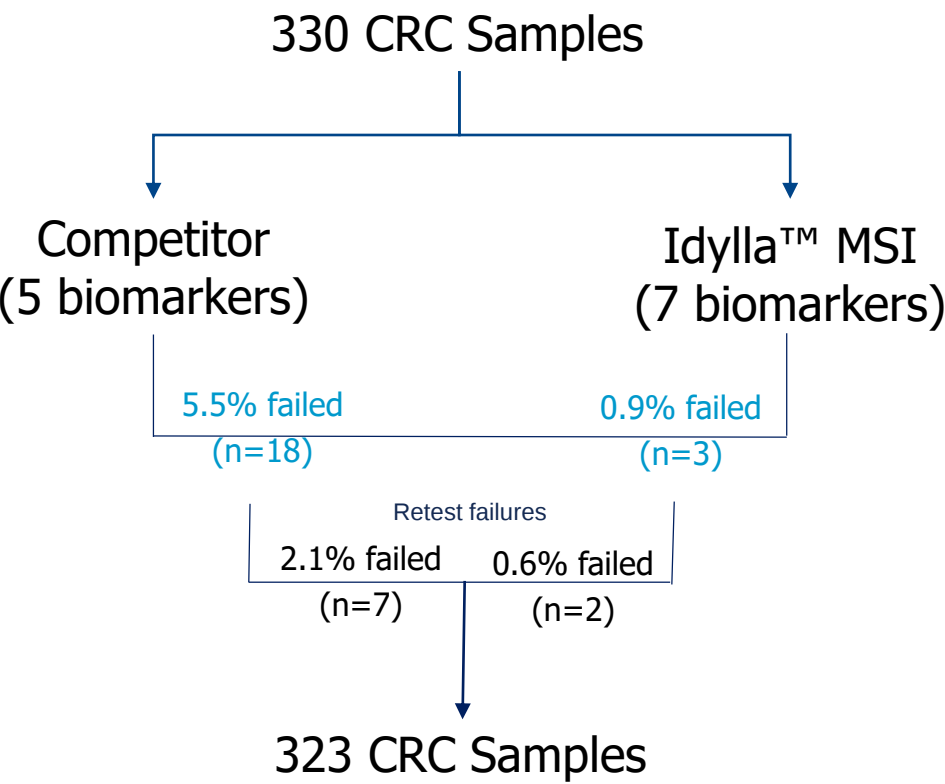
‘diagnosis of MSI + MMR in one single day’

‘rapid and almost labor-free manner’

IDYLLA™ MSI TEST VALIDATION STUDY

EXCELLENT PERFORMANCE AND LOW FAILURE RATE VS REFERENCE METHODS

COMPARISON STUDY VERSUS PCR COMPETITOR



99.7%
Concordance
(322 / 323)

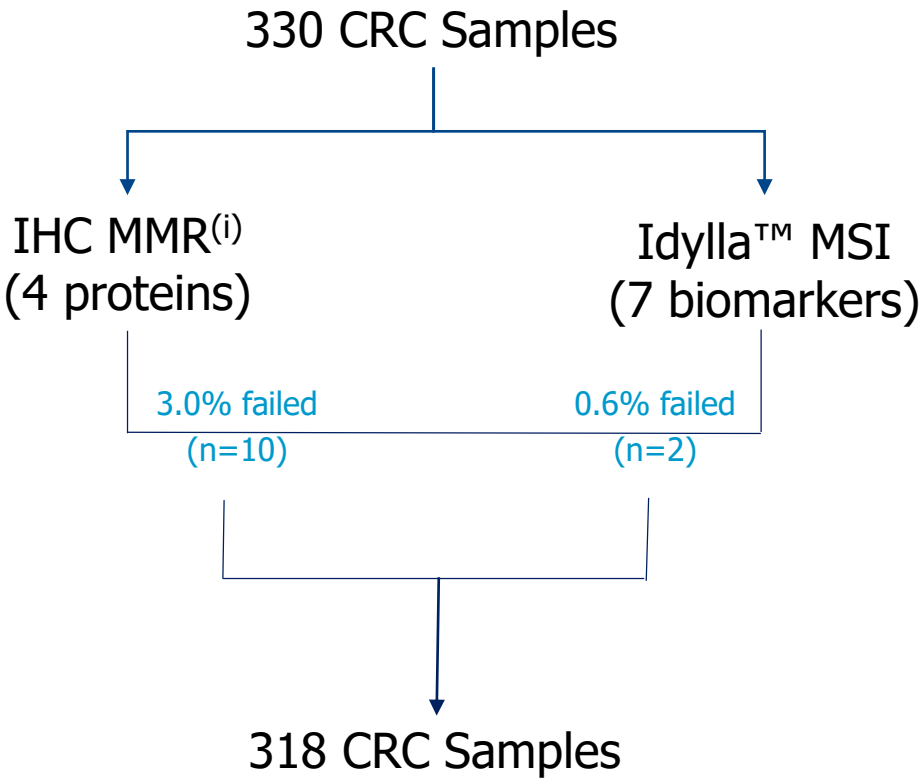
CRC Samples		Competitor	
		MSI-H	MSS
Idylla™ MSI Test	MSI-H	75	0
	MSS	1*	247

* Failed in 1st competitor run; MSI-H in 2nd competitor run, and dMMR with IHC.

IDYLLA™ MSI TEST VALIDATION STUDY

EXCELLENT PERFORMANCE AND LOW FAILURE RATE VS REFERENCE METHODS

COMPARISON STUDY VERSUS IMMUNOHISTOCHEMISTRY



97.5%
Concordance
(310 / 318)

CRC Samples		IHC MMR	
		dMMR	pMMR
Idylla™ MSI Test	MSI-H	72	0
	MSS	8*	238

- 7 confirmed as MSS by Promega MSI Analysis System v1.2
- 1 reported as MSH by Promega MSI Analysis System v1.2

Peer-reviewed publications

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NEVER BEEN EASIER



The Idylla™ MSI Test is a CE-marked IVD in Europe and validated for detection of MSI status in colorectal cancer.

SCIENTIFIC VALIDATION: IDYLLA™ MSI PRODUCT PUBLICATIONS

Technology supported by evidence is driving adoption



85%



7.5%



7.5%

Disease Area	# papers	Reference methods	Outcome
	14 papers	IHC, NGS, Bethesda markers	Excellent performance Lowest failure rate Fastest TAT and shortest HOT ^{1,2,3}
	7 papers	IHC, NGS, Bethesda markers	Good concordance Lower sensitivity vs IHC Excellent specificity Rescue inconclusive IHC cases ⁴ at least 30-40% TC ^{4,5}
	1 papers	IHC	Good concordance Rescue inconclusive IHC cases ⁶
	5 papers	IHC, Bethesda markers	Good concordance Rescue inconclusive IHC cases ⁷ Lowest failure rate ⁷

Updated JAN 2023

PERFORMANCE OF IDYLLA™ IN COLORECTAL CANCER

CRC



93% to 100% concordance with IHC
94% to 100% concordance with Molecular Methods

Study	# CRC cases	Concordance, OPA	Reference method
Velasco A et al Virch Arch 2020	1301	96.4% 98.0%	IHC routine molecular PCR tests
Gilson P et al Sci Rep 2020	15	100% 100%	IHC Promega
Mindiola-Romera et al Exp Mol Path 2020	47	100% 100%	IHC Promega
Malapelle et al Cells 2020	73	93.1%	IHC
Pécriaux et al J Clin Path 2020	53	94%	PentaPlex
Zwaenepoel et al J Mol Diagn 2020	330	98.7% 99.7%	IHC Promega
Lee et al J path Trans Med 2019	115	99%	NGS
Li et al Clin Col Can 2019	42	97%	Conventional PCR

PERFORMANCE OF IDYLLA™ IN ENDOMETRIAL CANCER

EC



87% to 100% concordance with IHC
Equal diagnostic performance within Molecular Methods

Study	# EC cases	Concordance (OPA)	Reference method	Additional information
Libera et al. Hum Path. 2022	56	ND	IHC	Retrospective selection: 31 EC dMMR and 25 EC pMMR 4 molecular methods vs. IHC: Oncomate Promega best in class with AUC of 0.98 and sensitivity of 96.8%, followed by Idylla™ (0.86 and 71%), Easy PGX of Diatech (0.82, 63.3%) and TapeStation4200 (0.7, 48.4%).
Gatius et al Virchow Archive 2022	242	87.5% 89.9%	IHC Promega	Invalid cases: 7% for IHC, 5.37% for Promega and 2.47% for Idylla Concordance Promega vs IHC: 88.6%
Samaison and Uguen Pathol Int 2022	16	94.3%	IHC + Bethesda	Pancancer (18 GC, 16 EC , 8 OC, 3 PaC, 9 other) Retrospective: selected 28 pMMR/MSS and 26 dMMR/MSI, concordant Bethesda and IHC 3 discordant: sebecaus adenoma, gastric cancer and uterine corpus
Gilson P et al Sci Rep 2020	15	100%	IHC	OPA NGS <i>versus</i> IHC was 93%.
Malapelle et al Cells 2021	33	94% pMMR 77% dMMR	IHC	Pancancer (40 PrC, 39 GC, 38 OC, 35 PaC, 33 EC) OPA TapeStation 4200 <i>versus</i> IHC (91% for pMMR and 68% for dMMR)
Pécriaux et al J Clin Path 2020	15	94%	Pentaplex PCR	Pancancer (53 CRC, 7 SI, 15 PaC, 16 GC, 15 EC , 5 OC, 4 UTC) Extracted DNA used in Idylla™ cartridge
Rafaniello-Raviele et al J Clin Path 2021	174	91.4%	IHC	3rd test Promega for 20 discordant cases: 90% (18/20) concordance Idylla with Promega
Siemanowksi et al Cancers (Basel) 2021	100	88%	IHC	Same diagnostic performance within molecular test methods (vs IHC) Molecular test can rescue invalid IHC results Recommendation more neoplastic cells ($\geq 40\%$) and higher amount of tissue for EC (vs CRC)
Dedeurwaerdere et al Scientific Reports 2021	21	PPA 58% NPA 100%	IHC	NGS vs IHC: 75% PPA and 100% NPA Same diagnostic power (AUC) of all molecular tests
Ukkola et al Virchow Archive 2021	141	87.2%	IHC	Recommendation more neoplastic cells ($\geq 30\%$) for EC (vs CRC)

PERFORMANCE OF IDYLLA™ IN GASTRIC CANCER

GC



90% to 100% concordance with IHC

Study	# GC cases	Concordance (OPA)	Reference method	Additional information
Samaison and Uguen Pathol Int 2022	18	94.3%	IHC + Bethesda	Pancancer (18 GC, 16 EC, 8 OC, 3 PaC, 9 other) Retrospective: selected 28 pMMR/MSS and 26 dMMR/MSI, concordant Bethesda and IHC 3 disordant: sebcaus adenoma, gastric cancer and uterine corpus
Malapelle et al Cells 2021	39	94% pMMR 77% dMMR	IHC	Pancancer (40 PrC, 39 GC, 38 OC, 35 PaC, 33 EC) OPA Tapestation 4200 <i>versus</i> IHC (91% for pMMR and 68% for dMMR)
Pécriaux et al J Clin Path 2020	16	94%	Pentaplex PCR	Pancancer (53 CRC, 7 SI, 15 PaC, 16 GC, 15 EC, 5 OC, 4 UTC) Extracted DNA used in Idylla™ cartridge
Farmkiss et al	50	98%	IHC	Retrospective observational study demonstrating Idylla™ less subjective than IHC

Take home messages



The Idylla™ MSI Test is a CE-marked IVD in Europe and validated for detection of MSI status in colorectal cancer.

IDYLLA™ MSI TEST- AN IDEAL OPTION FOR YOUR LAB

Excellent performance

- Excellent concordance with IHC and molecular methods
- Reduced invalid rate compared to standard molecular methods

Unmatched ease of use

- In average less than 3 minutes hands-on time, at minimum 1 FFI
- Automated sample to result in ~150 minutes
- No need for batching or paired normal tissue sample

Used by top laboratories

- More than 27 peer reviewed publications, covering colorectal, en

Solid regulatory status

- CE-IVD marked in Europe
- 510(k) clearance in US
- Approved CDx status in Japan



IDYLLA™: A SOLUTION FOR EVERY LAB

FASTER LOCAL TESTING DRIVES QUICKER TREATMENT AND MAY LOWER HEALTHCARE COSTS

**Large hospitals
Reference labs
Cancer centers**

Fast turnaround-time

Complementary to NGS

Directly actionable

**Regional hospital labs &
specialized group
practices**

Decentralized

Ease-of-use

No technical lab skills required

**Community setting
hospitals
& medical offices**

Fully automated

Allows in-house MDx testing

Sample retention



**Idylla™ provides strong economic incentive for
customers to retain MDx testing in-house**

THANKS FOR
YOUR TIME



THINK IDYLLA™
BECAUSE TIME MATTERS