

# Let's talk Sepsis

**Sepsis: Every Minute Matters –  
Rapid Detection with compact sequencing**

**Christoph Reschreiter, Cube Dx**

# The Eurobio Scientific Group: Global Presence

Headquartered in the Paris region, Eurobio Scientific has established a significant international footprint. With affiliates in the United States and across Europe, our reach is truly global. We are proud to employ over 300 dedicated professionals worldwide, including 50 research and development scientists who are committed to pushing the boundaries of diagnostic innovation.

eurobio **did**

Based in Milan, Italy, DID distributes in vitro diagnostic products, primarily for microbiology laboratories.

**GenBio**

A California-based company focused on serology products for infectious and autoimmune diseases.

eurobio <sup>UK</sup>  
SCIENTIFIC

Based in Dorking, UK. Supplies a range of products covering Transplantation, Infectious disease, Blood science, Quality management and Life science in the UK and Ireland.



eurobio  
SCIENTIFIC

Based in Les Ulis, France. Specialises in infectious disease and life science products.

eurobio **gendx**

Based in Utrecht, Netherlands. Specialises in molecular diagnostics for transplantation, offering advanced HLA typing methods using Sanger and NGS platforms.

eurobio **teco**

Based in Switzerland and Germany. Focuses on in-vitro tests for medical and veterinary diagnostics, biosafety, and environmental assays.

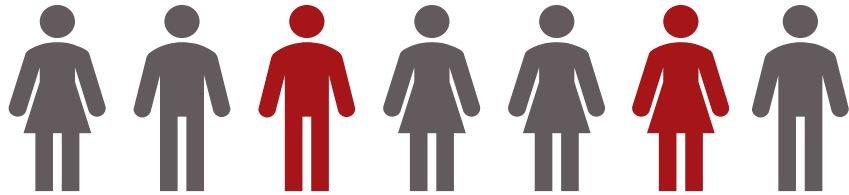
eurobio **bmd**

Operates in Belgium and the Netherlands, distributing in vitro diagnostic products, specialising in autoimmunity, microbiology, and biotherapy monitoring.

# Sepsis and blood culturing

**8,000,000 deaths worldwide**

**1 in every 3 seconds**



**Median 48 hours to microbial ID**

**Every hour of delay decreases survival**

**Hard to grow: fastidious bacteria, fungi, anaerobes..**

**Many septic episodes without diagnosing causing microorganism**

# The Cube Dx solution – direct blood test

**3** hours from  
**EDTA blood to result**



**Broadest molecular panel:**

**Automated Workflow**

**95 (144) microorganisms and resistance genes**

# Especially beneficial in case of...

## ...fastidious bacteria

Haemophilus influenzae, Streptococcus pneumoniae, Bordetella pertussis, Legionella pneumophila, Salmonella, Brucella..

## ...fungi

TTR for *C. albicans* and *C. glabrata* 85.8h +/- 30.9h and 154h +/- 43.8h

## ...anaerobic bacteria

Bacterioides fragilis, Fusobacterium, Clostridium perfringens..

## ...mixed infections

No bias based in favour of fast-growing microorganisms

## ...limited availability of sample (500µl or less)

newborns/infants, elderly, severely ill patients...

# Key facts about Cube Dx

- Established in 2015, in Austria (St. Valentin)
- Focus on molecular dx in infectious disease
- Addressing clinical microbiologies
- ISO13485 certified
- Products distributed in Europe
- „Sepsis customers“ since 2020



# Overview of Workflow

WORKFLOW AND PRINCIPLE

## 1 SAMPLE PREPARATION

## 2 DNA EXTRACTION + DETECTION

## 3 IDENTIFICATION

SAMPLE

**WHOLE BLOOD**  
GINA 500 / 1000 (0.5 hours)


**SOFT TISSUE**  
GINA Lyse 200 (0.25 hours)

**RESPIRATORY SPECIMENS**  
GINA Lyse 200 (0.25 hours)

**STERILE FLUIDS**  
No preparation (0.0 hours)

**PCR-Box Bacteria**

**PCR-Box Fungi**



**PCR-BOX**  
Bacteria, Fungi

Result negative

Result positive

Result positive

Result negative


PCR Box Res g+ \_\_\_\_\_

PCR Box Res g- AB \_\_\_\_\_

PCR Box Res g- ÇD \_\_\_\_\_

**hybcell Bacteria**

**hybcell Fungi**

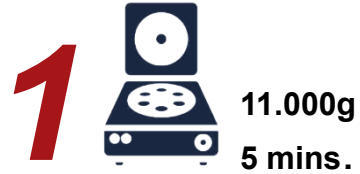


**HYBCELL**  
Bacteria, Fungi, FungiPlus

0.5 + 1.25 hours

0.5 hours

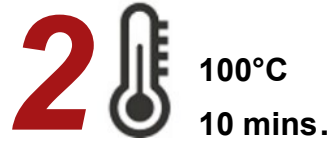
# Whole blood: GINA - Depletion of human DNA



*Lysis and  
separation of  
human cells*



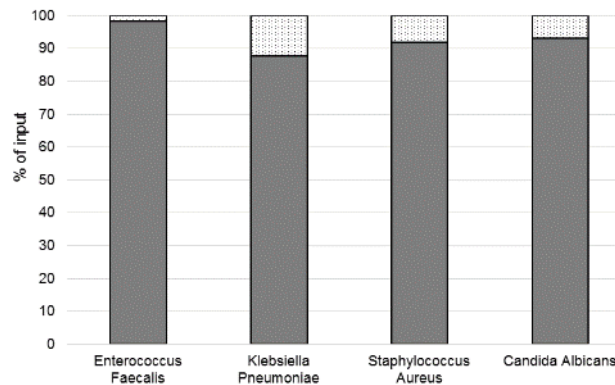
8 mins.



*Lysis of  
microorganisms*



20 mins.



**Depletion of human DNA / homogenisation of sample**

**Harsh lysis of microorganisms**

**Recovery between 88% and 98%**

- Gram+, gram-, fungi

# compact sequencing

- PCR + Identification =
- **Screening + Typing**
- compact sequencing
  - Sensitive (PCR part)
  - Specific (Primer extension)

- The targets (DNA oligos) are immobilized on the cylindrical coated surface



Details: [Molecular microbiology | Cube Dx GmbH](#)

- Matching amplicons bind to these immobilized targets

# Instruments: geneLEAD VIII + hyborg Dx RED



- Magtration technology (beads)
- SV200 cartridges
  - 200/400µl input
  - 100µl eluate
- 8 independent lanes
- Pre-defined protocols (Cube Dx)



- Processes hybcells fully automated
- Up to 24 hybcells can be loaded
- Automated reports
- LIMs connectivity



# Tested bacteria

<b>A</b>	<i>Abiotrophia defectiva</i>	<b>F</b>	<i>Fingoldia magna</i>	<b>P</b>	<i>Pasteurella multocida</i>	
	<i>Acinetobacter baumannii</i>		<b>Fusobacterium</b>		<i>Fusobacterium nucleatum</i>	<i>Prevotella buccae</i>
	<i>Acinetobacter calcoaceticus complex</i>				<i>Fusobacterium necrophorum</i>	<i>Prevotella intermedia</i>
	<i>Actinobacillus pleuropneumoniae</i>					
<b>Anaerococcus</b>		<b>G</b>	<i>Granulicatella adiacens</i>	<b>Propionibacterium</b>	<i>Propionibacterium acnes</i>	
<b>B</b>	<i>Bacteroides fragilis</i>	<b>H</b>	<i>Haemophilus haemolyticus</i>	<b>Proteus</b>	<i>Proteus mirabilis</i>	
	<i>Bordetella pertussis</i>		<i>Haemophilus influenzae</i>		<i>Providencia stuartii</i>	
	<b>Borrelia</b>		<i>Helicobacter pylori</i>		<i>Pseudomonas aeruginosa</i>	
	<i>Borrelia burgdorferi</i>				<i>Pseudomonas non-aeruginosa</i>	
<b>Brucella</b>		<b>K</b>	<i>Klebsiella aerogenes</i>	<b>S</b>	<i>Salmonella enterica</i>	
<i>Burkholderia cepacia complex</i>			<i>Klebsiella oxytoca</i>		<i>Serratia marcescens</i>	
<i>Burkholderia pseudomallei</i>			<i>Klebsiella pneumoniae</i>		<b>Staphylococcus</b>	<i>Staphylococcus aureus</i>
					<i>Stenotrophomonas maltophilia group</i>	
<b>C</b>	<b>Campylobacter</b>	<b>L</b>	<i>Legionella pneumophila</i>	<b>Streptococcus</b>	<i>Streptococcus anginosus group</i>	
	<i>Citrobacter koseri</i>		<b>Listeria</b>		<i>Streptococcus agalactiae</i>	
	<i>Citrobacter freundii complex</i>				<i>Streptococcus dysgalactiae</i>	
	<b>Corynebacterium</b>				<i>Streptococcus gordonii</i>	
<i>Corynebacterium diphtheriae</i>	<b>M</b>	<i>Moraxella catarrhalis</i>	<i>Streptococcus mitis group</i>	<i>Streptococcus pneumoniae</i>		
<i>Corynebacterium jeikeium</i>			<i>Morganella morganii</i>	<i>Streptococcus pyogenes</i>		
<i>Corynebacterium ulcerans</i>				<i>Streptococcus salivarius group</i>		
<b>E</b>	<i>Enterobacter cloacae</i>	<b>N</b>	<i>Neisseria meningitidis</i>	<b>Y</b>	<i>Yersinia enterocolitica</i>	
	<i>Enterobacter cloacae complex</i>				<i>Yersinia pseudotuberculosis complex</i>	
	<i>Enterococcus faecalis</i>					
	<i>Enterococcus faecium</i>					
<i>Escherichia coli</i>						

xC:

# Tested bacteria in a few months

A	<i>Abiotrophia defectiva</i> / <i>Granulicatella elegans</i>	E	<b>Ehrlichia</b>	N	<i>Neisseria meningitidis</i>				
	<i>Acinetobacter baumannii</i>		<i>Eikenella corrodens</i>		<b>Nocardia</b>				
	<i>Acinetobacter nosocomialis</i> / <i>pittii</i>		<b>Enterobacter cloacae complex</b>		<i>Enterobacter asburiae</i> / <i>cancerogenus</i>	P	<i>Pantoea agglomerans</i>		
	<i>Actinobacillus pleuropneumoniae</i>		<i>Enterobacter cloacae</i>		<i>Enterobacter hormaechei</i>		<b>Parvimonas</b>	<i>Pasteurella multocida</i>	
	<i>Aerococcus urinae</i>		<i>Enterobacter kobei</i> / <i>ludwigii</i>		<i>Enterobacter roggenkampii</i>		<i>Prevotella intermedia</i>	<b>Proteus</b>	<i>Proteus mirabilis</i>
	<b>Aeromonas</b>		<i>Enterococcus faecalis</i>		<i>Enterococcus faecium</i>		<i>Providencia stuartii</i>		
<i>Aggregatibacter actinomycetem-comitans</i>	<i>Escherichia coli</i>		<i>Pseudomonas aeruginosa group</i>						
<i>Aggregatibacter aphrophilus</i>	F	<i>Fingoldia magna</i>	R	<b>Rickettsia</b>					
<b>Alcaligenes</b>		<i>Francisella tularensis</i>		S	<i>Salmonella enterica</i>				
<b>Anaerococcus</b>		<b>Fusobacterium</b>			<i>Serratia marcescens</i>				
<i>Bacillus cereus</i>	<i>Fusobacterium nucleatum</i>	<b>Staphylococcus</b>	<i>Staphylococcus aureus</i>						
<i>Bacteroides fragilis</i>	<i>Fusobacterium necrophorum</i>	G	<i>Staphylococcus epidermidis</i>	<i>Staphylococcus haemolyticus</i>					
<b>Bartonella</b>	<i>Bartonella bacilliformis</i> / <i>quintana</i>		H	<i>Staphylococcus lugdunensis</i>	<i>Staphylococcus saprophyticus</i>				
<i>Bordetella pertussis</i> / <i>parapertussis</i>	<b>Borrelia</b>			<i>Stenotrophomonas maltophilia group</i>					
<b>Borrelia</b>	<i>Borrelia burgdorferi</i>	K		<b>Streptococcus</b>	<i>Streptococcus agalactiae</i>				
<b>Borreliella</b>	<i>Borrelia burgdorferi sensu lato</i>		<i>Kingella kingae</i>	<i>Streptococcus anginosus group</i>	<i>Streptococcus anginosus group</i>				
<b>Brucella</b>	<i>Burkholderia cepacia complex</i> <i>Burkholderia pseudomallei</i>		<i>Klebsiella aerogenes</i>	<i>Streptococcus dysgalactiae</i>	<i>Streptococcus equinus</i>				
C	<b>Campylobacter</b>	L	<i>Klebsiella michiganensis</i>	V	<i>Streptococcus gordonii</i>				
	<b>Capnocytophaga</b>		<i>Klebsiella oxytoca</i>		<i>Streptococcus mitis</i>	<i>Streptococcus pneumoniae</i>			
	<i>Cardiobacterium hominis</i>		<i>Klebsiella pneumoniae complex</i>		<i>Streptococcus pyogenes</i>	<i>Streptococcus salivarius</i>			
	<i>Cardiobacterium valvarum</i>		M		<i>Legionella pneumophila</i>	Y	<i>Vibrio cholerae</i>		
	<i>Citrobacter freundii</i>				<b>Leptospira</b>		<i>Vibrio vulnificus</i>		
	<i>Citrobacter koseri</i>				<b>Listeria</b>		<i>Yersinia enterocolitica subsp. enterocolitica</i>		
	<i>Clostridium perfringens</i>		<i>Micrococcus luteus</i>		<i>Yersinia enterocolitica subsp. palearctica</i>	<i>Yersinia pseudotuberculosis complex</i>			
	<i>Corynebacterium diphtheriae</i>		<i>Moraxella catarrhalis</i>						
	<i>Corynebacterium jeikeium</i>		<i>Morganella morganii</i>						
	<i>Corynebacterium ulcerans</i>		<i>Mycoplasmoides pneumoniae</i>						
	<i>Coxiella burnetii</i>								
<i>Cronobacter sakazakii</i>									
<i>Cutibacterium acnes</i>									
<i>Cutibacterium avidum</i>									

# Tested fungi

<p><b>A</b> Aspergillus</p> <p><i>Aspergillus clavatus</i> <i>Aspergillus flavus</i> <i>Aspergillus fumigatus</i> <i>Aspergillus niger</i> <i>Aspergillus terreus</i></p> <hr/> <p><b>C</b> Candida</p> <p><i>Candida albicans</i> <i>Candida dubliniensis</i> <i>Candida parapsilosis</i> <i>Candida tropicalis</i></p> <hr/> <p><b>Cladosporium</b></p> <hr/> <p><i>Cryptococcus neoformans</i> <i>Cryptococcus gattii</i></p>	<p><b>F</b></p> <p><i>Fusarium oxysporum</i> species complex <i>Fusarium solani</i> species complex</p>  <p><b>N</b></p> <p><i>Nakaseomyces glabratus</i></p>	<p><b>P</b></p> <hr/> <p><i>Pichia kudriavzevii</i> <i>Pneumocystis jirovecii</i> <i>Pneumocystis murina</i></p>  <p><b>S</b> <b>Saccharomyces</b> <i>Saccharomyces cerevisiae</i></p> <hr/> <p><b>Scedosporium</b></p>
--	---	---

.. and in  
a few  
months  
(xC)

<p><b>A</b> Aspergillus</p> <p><i>Aspergillus clavatus</i> <i>Aspergillus flavus</i> <i>Aspergillus fumigatus</i> <i>Aspergillus niger</i> <i>Aspergillus terreus</i></p>	<p><b>C</b> Candida</p> <p><i>Candida albicans</i> <i>Candida dubliniensis</i> <i>Candida parapsilosis</i> <i>Candida tropicalis</i></p> <p><i>Candidozyma auris</i> <i>Candidozyma duobushaemulonii</i> <i>Candidozyma haemulonii</i></p> <hr/> <p><b>Cladosporium</b></p> <hr/> <p><i>Cryptococcus neoformans</i> <i>Cryptococcus gattii</i></p>	<p><b>F</b></p> <p><i>Fusarium oxysporum</i> <i>Fusarium solani</i></p>	<p><b>L</b></p> <p><i>Lomentospora prolificans</i></p>  <p><b>N</b></p> <p><i>Nakaseomyces bracedarensis</i> <i>Nakaseomyces glabratus</i> <i>Nakaseomyces nivariensis</i></p>  <p><b>P</b> <b>Pichia</b> <i>Pichia kudriavzevii</i></p> <hr/> <p><i>Pneumocystis jirovecii</i></p>  <p><b>S</b> <b>Sacharomyces</b> <i>Saccharomyces cerevisiae</i></p> <hr/> <p><b>Scedosporium</b></p>
---	--	---	---

# Target list for Pathogens xC follow-up (after bacterial ID) resistance testing

## PCR-Box Resistance g+ xC:

<b>mecA, mecC</b>	<i>FAM</i>
<b>vanA</b>	<i>JOE</i>
<b>vanB</b>	<i>Cy5</i>

## PCR-Box Resistance g- AB xC:

<b>NDM, VIM, IMP</b>	<i>FAM</i>
<b>KPC</b>	<i>JOE</i>
<b>CTX-M (Group 1)</b>	<i>Cy5</i>

## PCR-Box Resistance g- CD xC:

<b>OXA48</b>	<i>FAM</i>
<b>AmpC</b>	<i>JOE</i>
<b>mcr-1</b>	<i>Cy5</i>

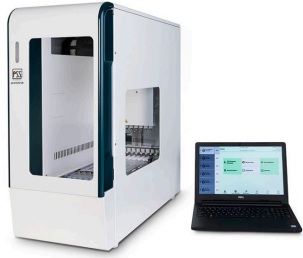
# Coverage of incidence (xC)?

	All HA infections	systemic infections	pneumonia
<i>Nr of total specified groups reported (Bac/Fun):</i>	92	30	66
<i>Nr. of groups covered on CDX panel:</i>	72	28	56
<i>% of reported groups (Bac/Fun) covered:</i>	78	93	85 %
<i>% of incident microorganisms covered:</i>	88	98	96 %

Source of Data: <https://www.ecdc.europa.eu/en/healthcare-associated-infections-acute-care-hospitals/database/microorganisms-and-antimicrobial-resistance/list>

Refer to ECDC PPS protocol for case definitions. Data from the ECDC point prevalence survey of healthcare-associated infections and antimicrobial use in acute care hospitals (ECDC PPS) in the period 2011-2012 as reported to TESSy as of 2013-02-06 14:06:48.)

# Product configuration



**1** *Prep +*  
*DNA*

**2** *PCR*

PCR, qPCR result  
Result positive

**3** *ID*

GINA

PCR-Box Bacteria (16S)

PCR-Box Fungi (28S)

PCR-Box Res g+

PCR-Box Res g-

hybcell Bacteria xC

hybcell Fungi xC / hybcell FungiPlus xC

Positive for  
bacteria

qPCR result  
Result negative

- No ID if PCR negative
- Reduced cost / time

# Same test – additional intended uses

# 2

**Patho ID from  
sterile fluids**  
(synovial fluid, pleura  
fluid,...)

**Joint infections / pleurisy**

# 3

**Patho ID from  
soft tissue**  
(tissue and implants..)

**Endocarditis / implant  
and tissue infections**

**Further possibilities (sample matrices):**

**Empyema, CSF, urine, ascites, BAL, sputum, sperm...**

# Validation results for Pathogens xB



## SMARTDIAGNOS – next generation molecular sepsis diagnosis technology for whole blood samples

<sup>1</sup>Helena Enroth, <sup>1</sup>Lilla Marki, <sup>2</sup>Jan Zavora, <sup>2</sup>Vaclava Adamkova, <sup>3</sup>Helena Brodska, <sup>4</sup>Viktoría Weber, <sup>5</sup>Anna-Karin Pernestig, <sup>5</sup>Diana Tilevik, <sup>6</sup>Bernhard Ronacher, <sup>6</sup>Christoph Reschreiter

<sup>1</sup>Unilabs laboratory medicine, SkaS, Skövde, Sweden, <sup>2</sup>Clinical Microbiology and ATB Centre, General University Hospital, Prague, Czech Republic, <sup>3</sup>Department of Medical Biochemistry and laboratory diagnostic, General University Hospital, Prague, Czech Republic, <sup>4</sup>Department for Biomedical Research, Danube University Krems, Austria, <sup>5</sup>Systems Biology Research Centre, School of Biosciences, University of Skövde, Skövde, Sweden, <sup>6</sup>Cube Dx GmbH, St. Valentin, Austria



	Blood culture positive (reference)	Blood culture negative (reference)
LAB positive	True positive: 28 (8%)	False positive: 5 (1%)
LAB negative	False negative: 10 (3%)	True negative: 309 (88%)

- Validated in 2019, published ECCMID 2021
- 352 cases / samples, 3 centres

- LOD = 20 CFU / ml (and less)
- Sensitivity =  $28 / (28 + 10) = 73,68 \%$
- Specificity =  $309 / (309 + 5) = 98,41 \%$
- NPV =  $309 / (309 + 10) = 96,87 \%$
- PPV =  $28 / (28 + 5) = 87,50 \%$

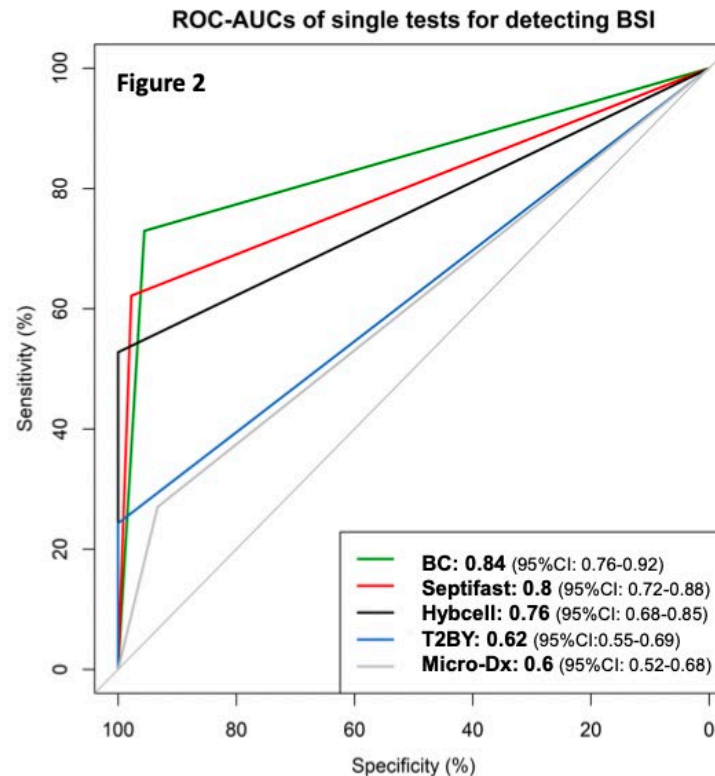
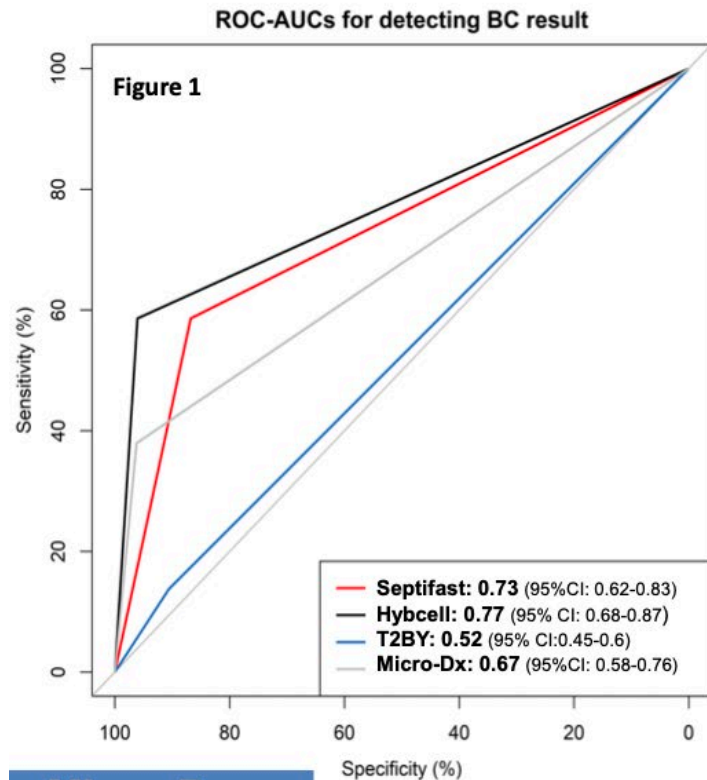
# Validation results for Pathogens xB



## Diagnostic value of blood culture independent molecular tests for the diagnosis of bloodstream infections in neutropenic patients with fever

P. Starzengruber<sup>1</sup>, I. Camp<sup>1</sup>, M. Kussmann<sup>2</sup>, F. Ratzinger<sup>3</sup>, W.R. Sperr<sup>4</sup>, K. Gleixner<sup>4</sup>, B. Selitsch<sup>1</sup>, H. Burgmann<sup>2</sup>, B. Willinger<sup>1</sup>, A. Makristathis<sup>1</sup>

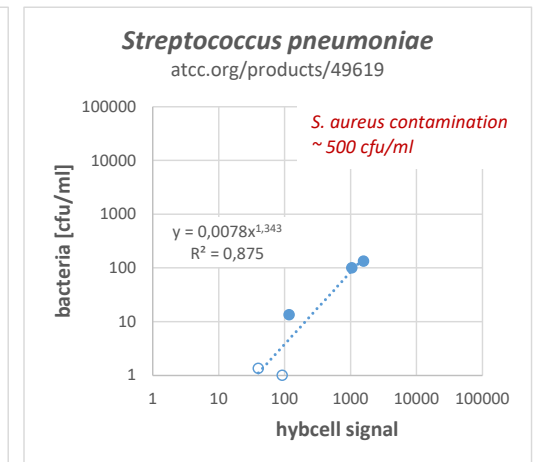
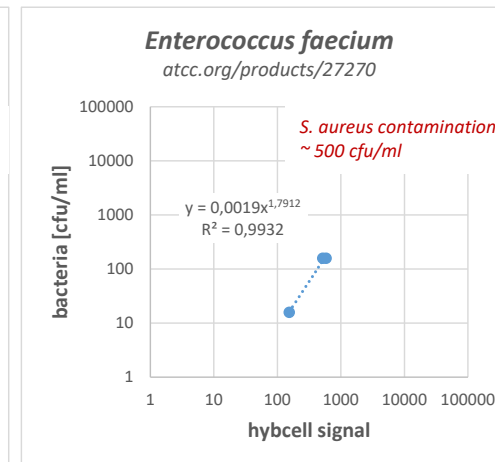
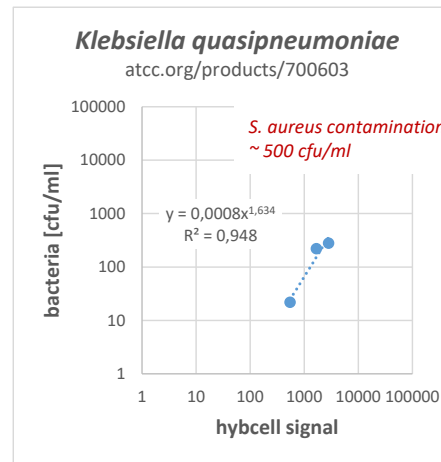
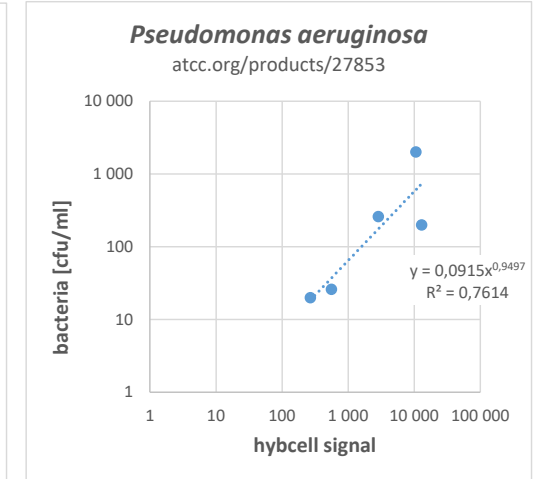
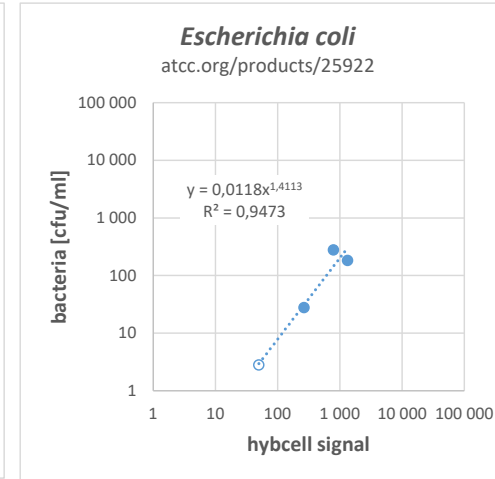
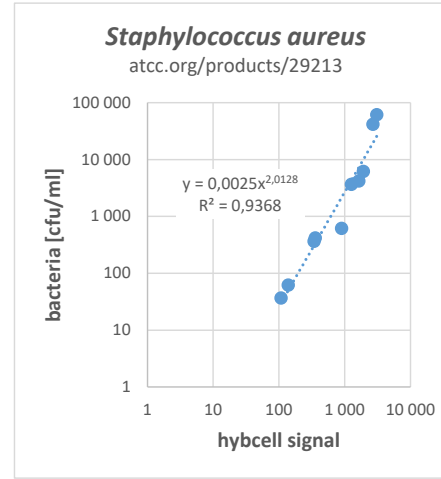
<sup>1</sup> Division of Clinical Microbiology, Department of Laboratory Medicine, Medical University Vienna, Austria  
<sup>2</sup> Division of Infectious Diseases and Tropical Medicine, Department of Medicine I, Medical University Vienna, Austria  
<sup>3</sup> IHR LABOR, Vienna, Austria  
<sup>4</sup> Department of Internal Medicine I, Division of Hematology and Hemostaseology, Medical University Vienna, Austria.



- Data gathered in 2019 and 2020 (improvements made in the meantime)
- ➔ Highest concordance with BC
- ➔ Highest rate of identification of BSI (except SeptiFast)

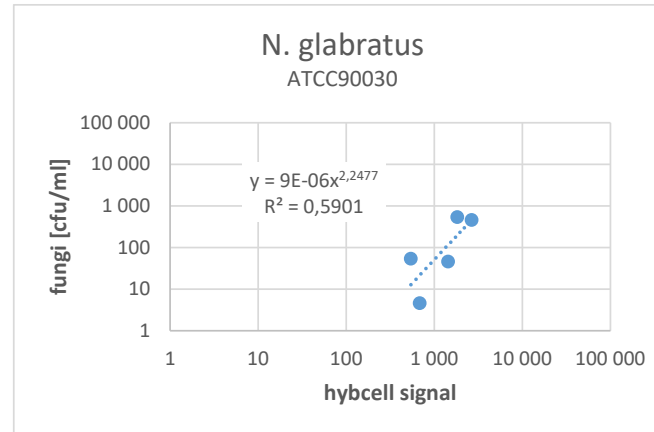
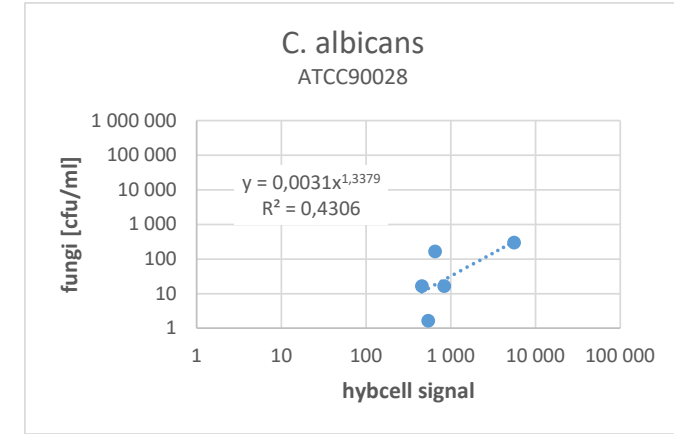
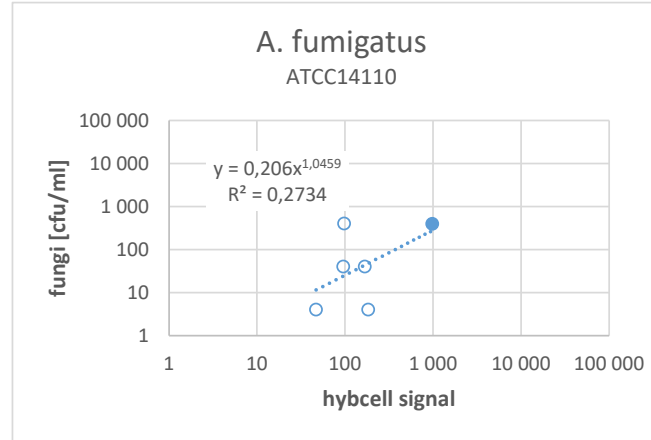
# xC: preliminary LOD data - bacteria

	Calculated LOD cfu/ml
Staphylococcus aureus	27
Escherichia coli	8
Pseudomonas aeruginosa	7
Klebsiella quasipneumoniae	1
Enterococcus faecium	7
Streptococcus pneumoniae	4



# xC: preliminary LOD data - fungi

	Calculated LoD cfu/ml
Aspergillus fumigatus	<b>53</b>
Nakaseomyces glabratus	<b>1</b>
Candida albicans	<b>4</b>



# xC: preliminary data whole blood testing

	BC relevant Bacteria	BC relevant Fungi
<b>n</b>	154	154
TN	129	144
TP	13	2
FN	2	0
FP	6	4
<i>n.a.</i>	4	4
<b>Sensitivity</b>	<b>87%</b>	<b>100%</b>
<b>Specificity</b>	<b>96%</b>	<b>97%</b>
<b>Correct Classification</b>	<b>95%</b>	<b>97%</b>
<b>Positive predictive value (PPV)</b>	<b>68%</b>	<b>33%</b>
<b>Negative predictive value (NPV)</b>	<b>98%</b>	<b>100%</b>
<b>Accuracy</b>	<b>95%</b>	<b>97%</b>
Prevalence	10%	1%

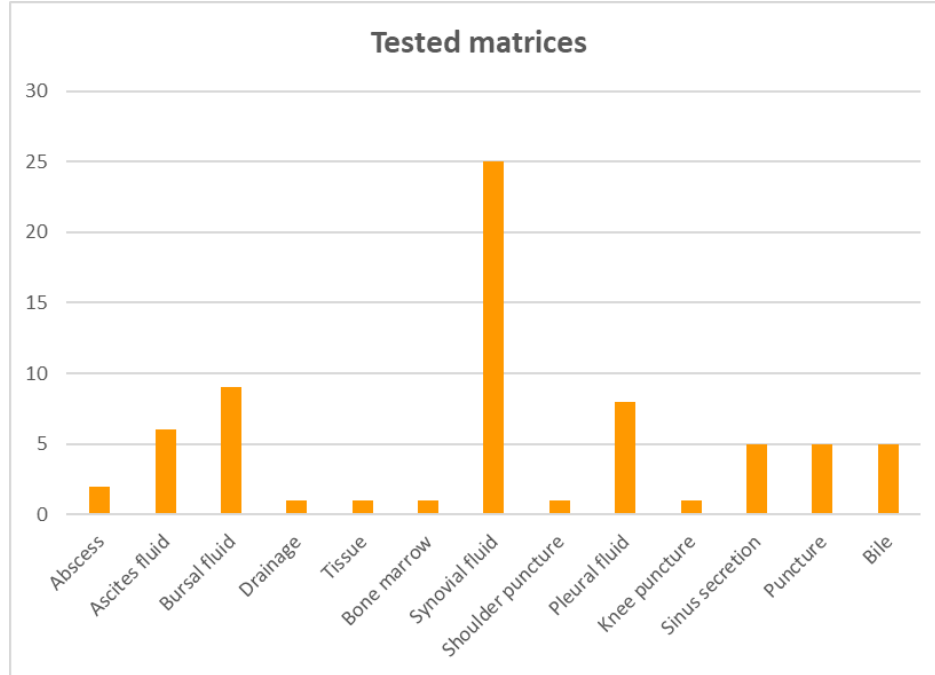
# xC: preliminary data whole blood testing

Bacteria	BC	CUBE DX	Remarks
*E. coli*		8	6
*K. pneumoniae*		2	2
*P. aeruginosa*		3	2
*E. faecalis*		1	1
*E. faecium*		1	0
*Str. pneumoniae*		1	1
*Staph. epidermidis*		8	0
*Staph. haemolyticus*		1	0
*Str. gordonii*		1	0
*Staph. hominis*		2	0
*Bacillus cereus*		1	0
*Clostridium septicum*		1	0
*Str. parasanguinis*		1	0
*Corynebacterium ulcerans*		0	1
*A. baumannii*		0	4
*Str. agalactiae*		0	1

Fungi	BC	CUBE DX	Remarks
*C. parapsilosis*		1	1
*N. glabratus*		1	1
*C. albicans*		0	3
*A. fumigatus*		0	2

# xC: preliminary data tissue + sterile fluids

Specimen	Quantity
Abscess	2
Ascites fluid	6
Bursal fluid	9
Drainage	1
Tissue	1
Bone marrow	1
Synovial fluid	25
Shoulder puncture	1
Pleural fluid	8
Knee puncture	1
Sinus secretion	5
Puncture	5
Bile	5
	<b>70</b>



Classification	
TN	26
TP	35
FN	1
FP	5 **
Discordant	3
<b>Total</b>	<b>70</b>

<b>Sensitivity</b>	<b>97,2%</b>
<b>Specificity</b>	<b>83,9%</b>

**FP	BC	CUBE DX
Staphylococcus aureus	0	1
Fusobacterium nucleatum	0	1
Pseudomonas aeruginosa group	0	1
Proteus spp.	0	1
Burkholderia cepacia complex	0	1

# Summary / Conclusions

## Complementary DNA based „molecular microbiology“

Testing wide range of bacteria and fungi from whole blood and other matrices in 3 hours

### Reducing time to result

Whole blood: 3 hours and less for 70 to 80% of all relevant positive samples

### Widening the scope of results

Additional positive results for culture negative samples (fungi, fastidious bacteria, anaerobes..)

### Low sample volume (500µl to 1000µl)

Allows for example re-testing patients on consecutive days or testing infants..

### Versatility in testing

Different sample matrices to test in case of suspected “severe infections”

# Further resources

- Eurobio Scientific UK  
<https://eurobio-scientific.co.uk/>
- General Cube Dx information  
[www.cubedx.com](http://www.cubedx.com)
- Specific information on molecular microbiology solution + publications  
[www.cubedx.com/en/molecular-microbiology](http://www.cubedx.com/en/molecular-microbiology)
- Video tutorials, IFUs, guidelines..  
[www.cubedx.com/en/support](http://www.cubedx.com/en/support)

STAND B33

Britannia Suite

Discuss with Us