



MICROPHAGE

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*For Immediate Release*

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## **Former Premier CEO Richard Norling to Join MicroPhage Board of Directors**

*Respected HealthCare Executive Joins as MicroPhage Prepares for Commercial Launch*

Longmont Colorado, Thursday, October 1, 2009

MicroPhage Inc. today announced it named Richard (Rick) Norling to the Board of Directors. Mr. Norling served as President and Chief Executive Officer of Premier Inc., the largest healthcare alliance in the United States, from 1997 until June 2009. Premier serves 2,200 hospitals and 63,000 other healthcare sites throughout its nationwide alliance to help determine the best practices and products that drive the best patient outcomes.

“We are very pleased with Rick joining the Board. He understands the devastating medical impact and cost of hospital acquired infections, and has worked with hospital CEOs and other health system leaders to come up with solutions that enhance patient safety. This insight will be important for MicroPhage as we position our innovative and more cost effective diagnostic solutions. In addition, Rick is a recognized leader in driving innovation at many levels of our healthcare system. We are excited to begin our collaboration,” said Steve Lundy CEO of MicroPhage.

Mr. Norling commented, “I am very pleased to join MicroPhage. I care deeply about solving the growing and expanding problem of hospital acquired infections and I believe the company’s proprietary Bacteriophage based technology and products could play a major role in revolutionizing the prevention, early diagnosis and subsequent treatment of bacterial infections. MicroPhage products have the potential to make a tremendous impact across the spectrum of healthcare.”

A broadly experienced healthcare executive and frequent speaker on healthcare strategies, organizational development and quality management, Mr. Norling is a consultant to health care organizations and serves as Senior Fellow at the Institute for Healthcare Improvement (IHI). Prior to joining Premier, he was President and Chief Executive Officer of Fairview Hospital and Healthcare System, headquartered in Minneapolis/St. Paul and serving the people of Minnesota through an integrated system of hospitals, clinics, and other service sites.

MicroPhage is currently in pivotal FDA trials with its first product, designed to rapidly identify *Staphylococcus aureus* (staph) bacteria and determine methicillin resistance (MRSA) or susceptibility (MSSA) in suspected cases of bacteremia – bacteria in the blood, in as little as 5 hours. Today’s standard of care for determining these types of infections takes up to three days. The MicroPhage test platform requires no instrumentation and is composed of two small reaction tubes for incubating blood culture specimens. The company has scaled up manufacturing and is poised to have a CE mark in place to enable it to launch in the EU later this fall.

MicroPhage is planning to launch its first product in the US in the spring.

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### About MicroPhage

Based in Longmont, Colorado, privately held MicroPhage, Inc. aims to be a global leader in developing rapid diagnostics products for bacterial identification and antibiotic susceptibility/resistance testing. Using its proprietary bacteriophage-based amplification platform, the company has developed a patented process that is a product platform for rapid, easy-to-use, inexpensive diagnostic tests. The technology platform resembles a pregnancy test with twin rapid detectors. The platform does not require any instrumentation and is easy to operate, enabling microbiology testing outside of traditional laboratory settings. The company's first products will set a new standard for clinicians in *S. aureus* identification and antibiotic susceptibility testing, and are designed to fit the demands of hospitals and laboratories of all sizes. Other tests in development include rapid tests for screening, skin and soft tissue infections, and respiratory infections for *S. aureus* and other bacteria of clinical interest. Further information about the company is available at: [www.microphage.com](http://www.microphage.com).

MicroPhage has adapted bacteriophage-amplification, a natural biologic process, for identifying bacterial infections. Bacteriophage are harmless bacteria-specific viruses that multiply aggressively when exposed to target bacteria. In the detection process, reaction of the bacteriophage proteins on the test strip indicates the sample is positive for staph bacteria. For susceptibility analysis, the organism in the sample is challenged with an antibiotic. Because bacteriophage depend on host bacteria for amplification, any compound that kills or inhibits the microbe will stop phage amplification. Only strains resistant to the antibiotic allow this amplification and yield a positive signal on the second detector strip, indicating an MRSA infection. Further information about the technology is available at [www.microphage.com/technology](http://www.microphage.com/technology).

### About Staph Infections

Staphylococci are frequently implicated in bloodstream infections (BSI) with high morbidity and mortality. In a multinational study, 36% of bloodstream isolates were staphylococci, 61% of which were *Staphylococcus aureus*. In a prospective cohort of patients with hospital-acquired BSIs in the United States, *S. aureus* was a primary cause, accounting for 20% of cases. The incidence of *S. aureus* bacteremia has increased significantly over the past decade, largely due to the increasing use of intravascular catheters and invasive devices. There has also been a significant rise in rates of methicillin-resistant *S. aureus* (MRSA). Almost 60% of *S. aureus* bacteremias in the United States are now caused by these resistant strains. Despite advances in medical therapy and diagnostic procedures, *S. aureus* bacteremia is often associated with serious complications with a mortality rate that exceeds 20%, especially if appropriate therapy is not administered rapidly. A rapid and reliable test for this diagnosis would allow clinicians to optimize diagnostic and therapeutic decisions. Antibiotic therapy could be adjusted early, leading to better health outcomes for patients with lower pharmacy and hospitalization costs.

Cited Reference: Diekema DJ, Schmitz FJ, Pfaller MA, Bell J, Smayevsky J, Beach M, Jones RN, and the SENTRY Participants Group. Survey of infections due to *Staphylococcus* species: frequency of occurrence and antimicrobial susceptibility of isolates collected in the United States, Canada, Latin America, Europe, and the Western Pacific region for the SENTRY antimicrobial surveillance program, 1997–1999. *Clin Infect Dis* 2001;32:S114–S132

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