



### ANALYZES

### **Endometrial Microbiome Metagenomic Analysis**

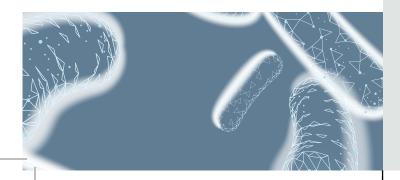
EMMA analyzes the endometrial microbiome for a better reproductive prognosis.

**Bacterial flora** and chronic endometritis

### **Analysis of Infectious Chronic Endometritis**

ALICE detects the pathogenic bacteria associated with chronic endometritis, to provide an accurate diagnosis for personalized treatment.

#### Chronic endometritis





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# Upgraded **EMMA** &ALICE



# Our solutions for optimal implantation





### EMMA

Endometrial Microbiome Metagenomic Analysis

Endometrial health is essential for a successful pregnancy.

A healthy endometrium needs the optimal amount of healthy bacteria.

EMMA evaluates your endometrial microbiome and provides information about the balance of your endometrial flora, improving your pregnancy prospects.

Patients with a pathogen-free endometrial microbiome are more likely to have successful outcomes such as live birth\*.

Evaluation of the endometrial microbiome prior to transfer can offer an opportunity to further advance diagnosis and treatment strategies, and improve clinical outcomes\*.

\*Moreno et al., Microbiome 2022; Jan 4;10(1):1 Iwami et al., Assist Reprod Genet 2023; Jan:40(1):125-135

## ALICE

Analysis of Infectious Chronic Endometritis

Chronic endometritis is one of the causes of infertility. This disease causes endometrial inflammation, with no visible symptoms in most cases.

Traditional diagnostic methods cannot accurately identify the infectious bacteria, and broad spectrum antibiotics are often prescribed.

ALICE detects the most frequent bacteria causing chronic endometritis allowing for the prescription of specific antibiotics and probiotics for successful treatment.

Chronic endometritis affects up to 30% of infertile patients. In cases of repeat implantation failure or recurrent pregnancy loss, this can rise to 66%\*\*.

Identification and treatment of pathogens associated with chronic endometritis can significantly improve clinical outcomes such as implantation and live birth.

\*\*Cicinelli et al. Reprod Sci 2014; 21(5):640-7. Cicinelli et al. Hum Reprod, 2015; 30(2):323-30. Other publications: Moreno et al. Am J Obstet Gynecol 2018; 218(6):602.e1-602.e16

