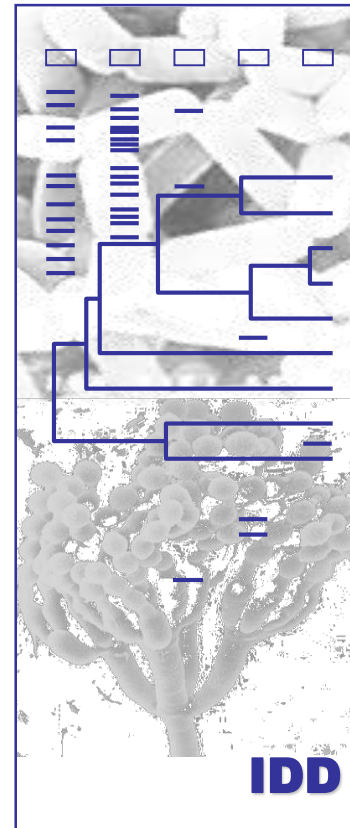


Diagnosis



Diagnostic [...] will be particularly useful among experimental scientists in a variety of disciplines, including public health microbiologists, industrial research microbiologists, academic scientists, and all others who may need to establish the presence or absence of bacteria and/or their identities.

Howard & Whitcombe, 1995

Diagnosis

- **The concept of identification / diagnosis / detection**
- **Methods used in the diagnosis of microorganisms**
- **Validation of the molecular diagnosis methods**
- **The diagnostic methods applied to clinical, food and environmental samples**

Methods Used for Microorganisms Diagnosis

<i>Test</i>	<i>Ease of performance</i>	<i>Turnaround time</i>	<i>Result interpretation</i>	<i>Advantages</i>	<i>Disadvantages</i>
<i>Direct examination</i>	Could be performed in routine clinical lab and in nurse station	1–3 h	Direct if correlated with symptoms	Rapid	Poor sensitivity and specificity; special skills are needed for interpretation
<i>Culture</i>	Could be performed in sophisticated clinical lab and in research lab	2–14 days	Definite	For phenotypic drug susceptibility testing	Time-consuming; poor sensitivity; limited microorganisms are culturable
<i>Serology</i>	Could be performed in larger and sophisticated clinical lab	4–6 h	Indirect	Automation	Results are generally retrospective; immunosuppressed host may be unable to mount a response
<i>Molecular diagnostics</i>	Could be performed in only a few very sophisticated research and clinical labs	1–2 days	Direct without knowing microbial viability	High sensitivity and specificity	Facility requirement; false positive due to carryover contamination and false negative due to inhibitors in specimen

In Tang & Persing, 2000

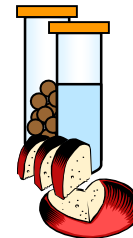
Molecular Diagnostic

Diagnostic Principles

- **DNA probe technologies**
- **Amplification methods**
- **Nucleic acid sequencing strategies**
- **“New” approaches to detection of nucleic amplification products (e.g. biochips)**

Diagnostic Applications

- **detect and characterize bacterial, viral, fungal, and parasitic pathogens**
- **identification of organisms isolated in pure culture**
- **rapid identification of organisms in “mixed” samples**
- **identification of slowly growing, fastidious or uncultivable organisms**
- **screening sterile samples for non-specific bacterial contamination**
- ❖ **laboratory standardization**
- ❖ **proficiency testing**
- ❖ **quality control**



Bacterial sensing for the purpose of diagnosis can function in three ways:

- bacterial morphological visualization
- whole cell detection
- specific detection of bacterial component

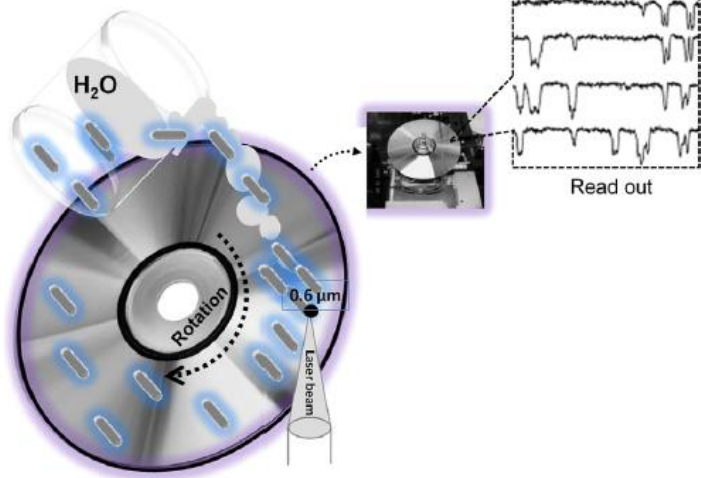


Fig. 6. Disc technology for detection of bacteria. Bacteria in water interact with the specific probe on the surface of the disc, resulting in a change in the signal read-out.

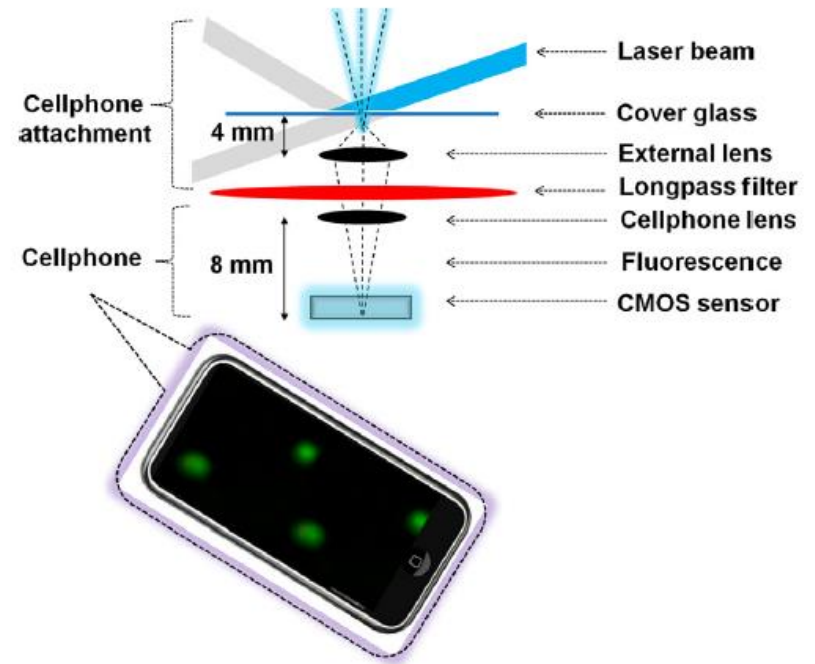
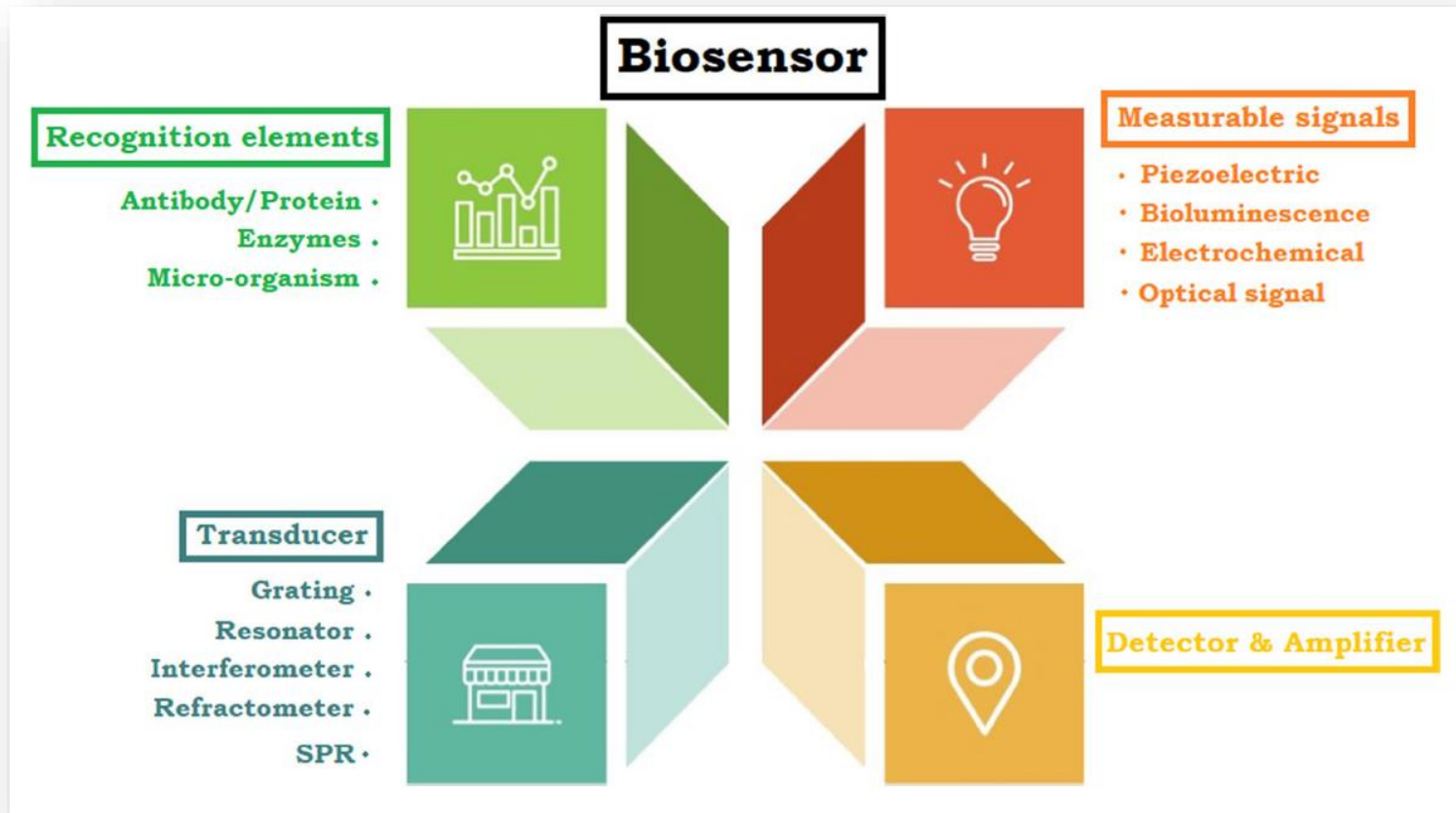


Fig. 7. Detection of bacteria by smartphone. An opto-mechanical device containing a fluorescent imager is attached to the smartphone to capture images. (Wei et al., 2013).

Gopinath et al., 2014

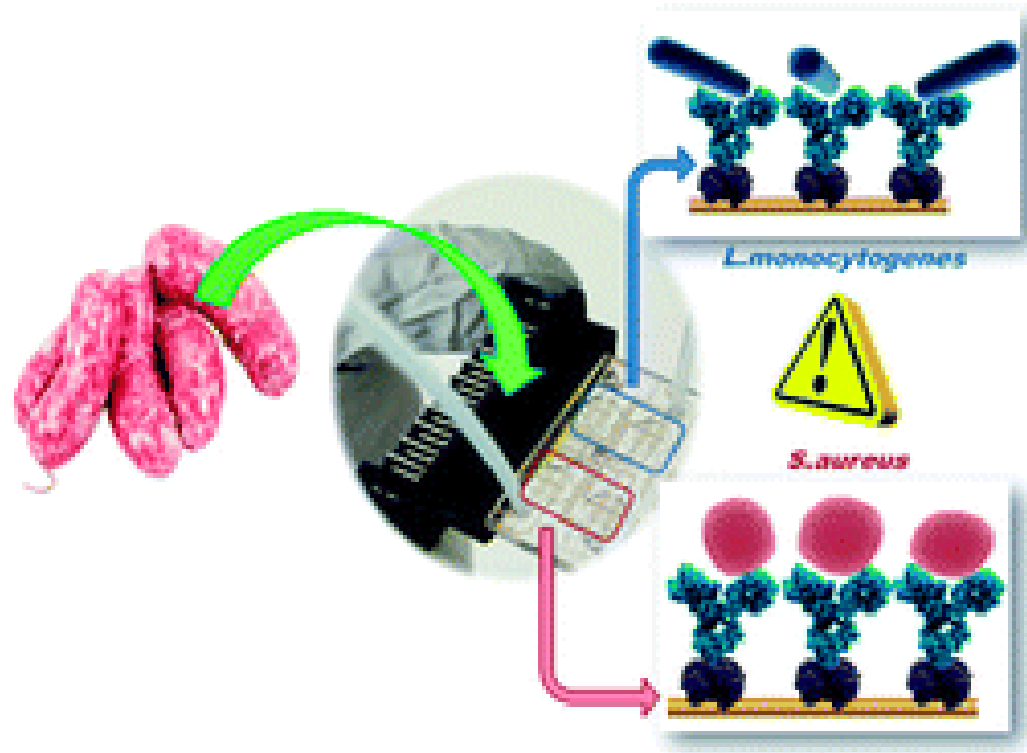
Biosensors for the detection of foodborne pathogens



- **Biosensors** are analytical devices that **transform the biological response** into a **measurable signal** by incorporating **biorecognition element** with a **physical transducer**.
- The resulted signal is converted into measurable signals by **signal detection process**.
SPR surface plasma resonance.

In Saravanan et al., 2021

A multipurpose biochip for food pathogen detection



Biochips that are able to **quantitatively** detect
Listeria monocytogenes and *Staphylococcus aureus*

Primiceri *et al.*, 2016

Culture-Independent Rapid Detection Methods for Bacterial Pathogens and Toxins in Food Matrices

Wang & Salazar, 2016

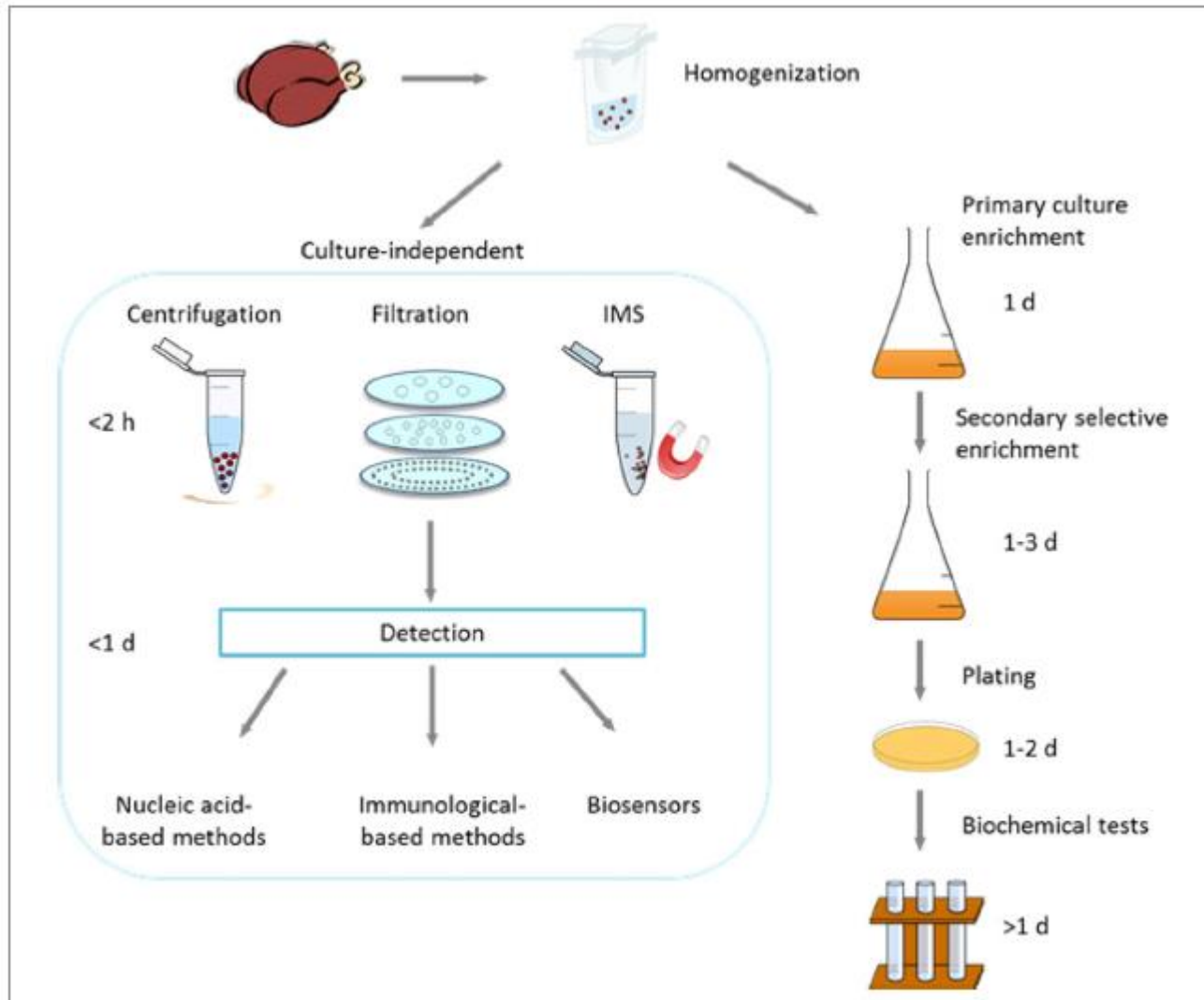
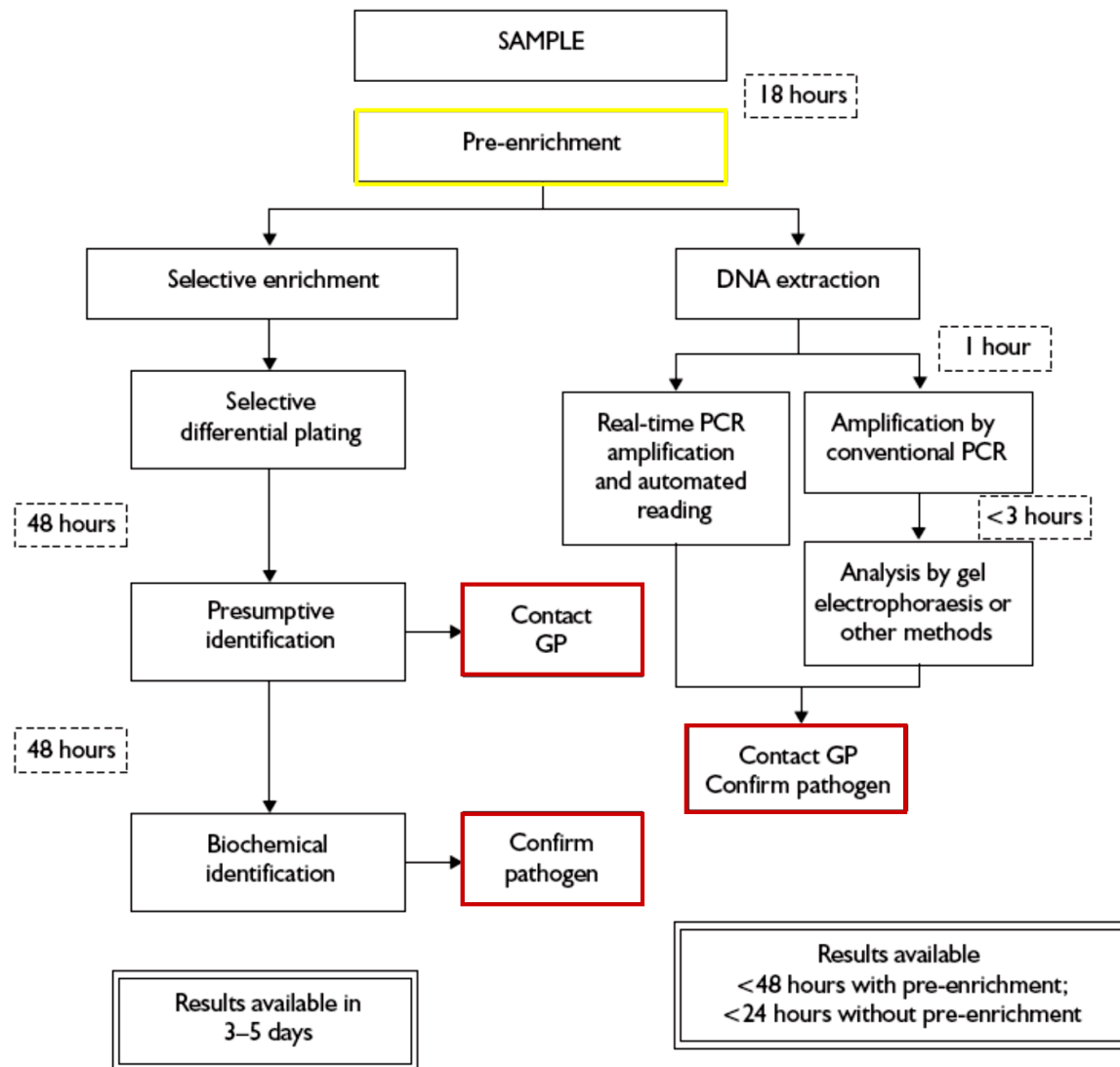


Figure 1—Comparison of culture-independent detection (left), including preprocessing techniques of centrifugation, filtration, and immunomagnetic separation (IMS), to conventional culture-based method (right). Culture-based detection may take place after enrichment or plating steps, which prolongs the total detection time.

Detection and identification of bacterial intestinal pathogens in faeces and food

GP: microbiologists and consultants in communicable disease control



In Abubakar et al., 2007

Simplified flowchart of culture methods vs. PCR detection

Biosensors based on modularly designed synthetic peptides for recognition, detection and live/dead differentiation of pathogenic bacteria

- Engineered antimicrobial peptides (sAMP) are used as **synthetic receptors** for bacteria.
- sAMP enables detection and **live/dead differentiation** of bacterial pathogens.
- An impedimetric biosensor based on site-specifically attached sAMP is described.
- Detection limit of 10^2 CFU/mL bacteria is demonstrated.

Liu *et al.*, 2016

TABLE 1. Detection of DT among isolates of pathogenic corynebacteria

Species	No. of isolates examined	No. of toxigenic isolates determined by the following assay:						
		In vivo	Vero cell	Immunoblotting	Elek		PCR	
					Conventional	Modified	Fragment A gene	Entire gene
<i>C. diphtheriae</i> var. <i>mitis</i>	31	18	18	18	18	18	24	22
<i>C. diphtheriae</i> var. <i>gravis</i>	15	3	3	3	3	3	3	3
<i>C. diphtheriae</i> var. <i>belfanti</i>	2	0	0	0	0	0	0	0
<i>C. diphtheriae</i> var. <i>intermedius</i>	1	1	1	1	1	1	1	1
<i>C. ulcerans</i>	5	4	4	4	4	4	4	4
Total	55	26	26	26	26	26	32	30

Diphtheria toxin (DT), the main virulence factor produced by organism *Corynebacterium diphtheriae*, is a protein molecule with a molecular mass of 58,350 Da

Some isolates of *C. diphtheriae* possessed

toxin genes

but failed to express a

biologically active toxin

exclusion of toxigenicity

In Efstratiou et al., 1998

PCR

Investigative mainly used for limited period
by a few technicians
for a specific research project

Diagnostic has to perform reliably and consistently
day after day
in the hands of different staff
on different samples

Harmonization

process of *synchronizing* various test *strategies* and *protocols*

Standardization

development of a single “gold standard” PCR protocol adopted
in practice by all parties, and fulfilling all their requirements
standard guidelines

Implementation of a molecular assay in the clinical microbiology laboratory

First phase is the **assay development**

Second phase is the **validation**

1 - once an appropriate **target** is selected

2 - **primers** and **probes** can be designed

3 - after appropriate target is established

4 - after detailed ***in silico* analysis** has been performed

to verify that the target is **specific** to the pathogen or gene of interest

5 - analytical **sensitivity** and **specificity** must be determined

Repeatability and reproducibility

Repeatability

repeat (*replicate*) 10% assays

Reproducibility (*precision*)

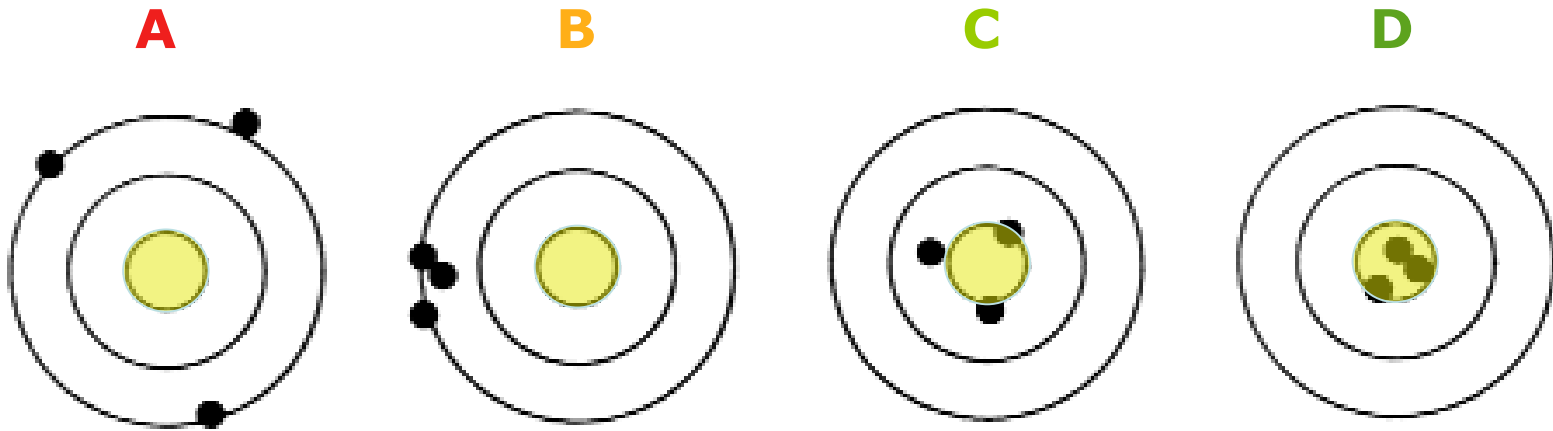
agreement among results of samples tested
in different laboratories

Repeatability \Rightarrow CVs for replicates $\leq 10\%$

QT

Reproducibility \Rightarrow regression analysis of normalized data
among laboratories generally should **not give significant
differences** at the 95% confidence level

accuracy and precision



A - imprecise and inaccurate

B - precise but inaccurate

C - accurate but imprecise

D - precise and accurate

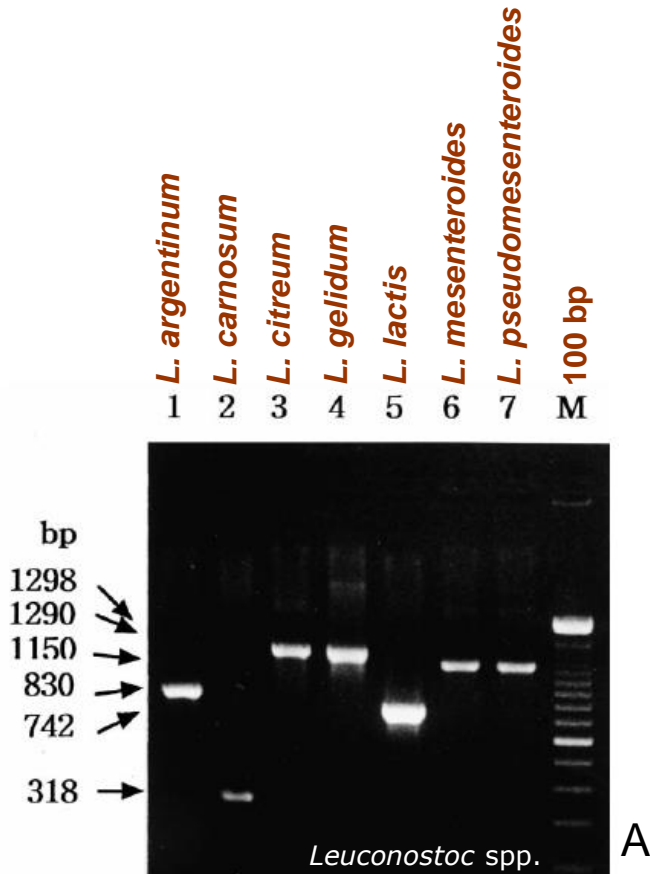
Standardization of diagnostic PCR for detection of foodborne pathogens

Criteria	Comment
Analytical and diagnostic accuracy	Low false-negative or false-positive results
Low detection limit	Less than one cell per 25 g
High robustness	Inter-lab reproducibility
Amplification controls	Reagent- and positive controls, internal amplification control
Low carry-over contamination risk	Separated working areas, UNG-treatment
High speed	At-line or on-line analysis
Acceptance	Validation and standardization, nonpatented primer sets
Low cost	Cost per analysis
Simplicity	User-friendliness and automation
Sample matrix flexibility	No PCR interference
Quantitative analysis	Food spoilage microorganisms

In Malorny et al., 2003

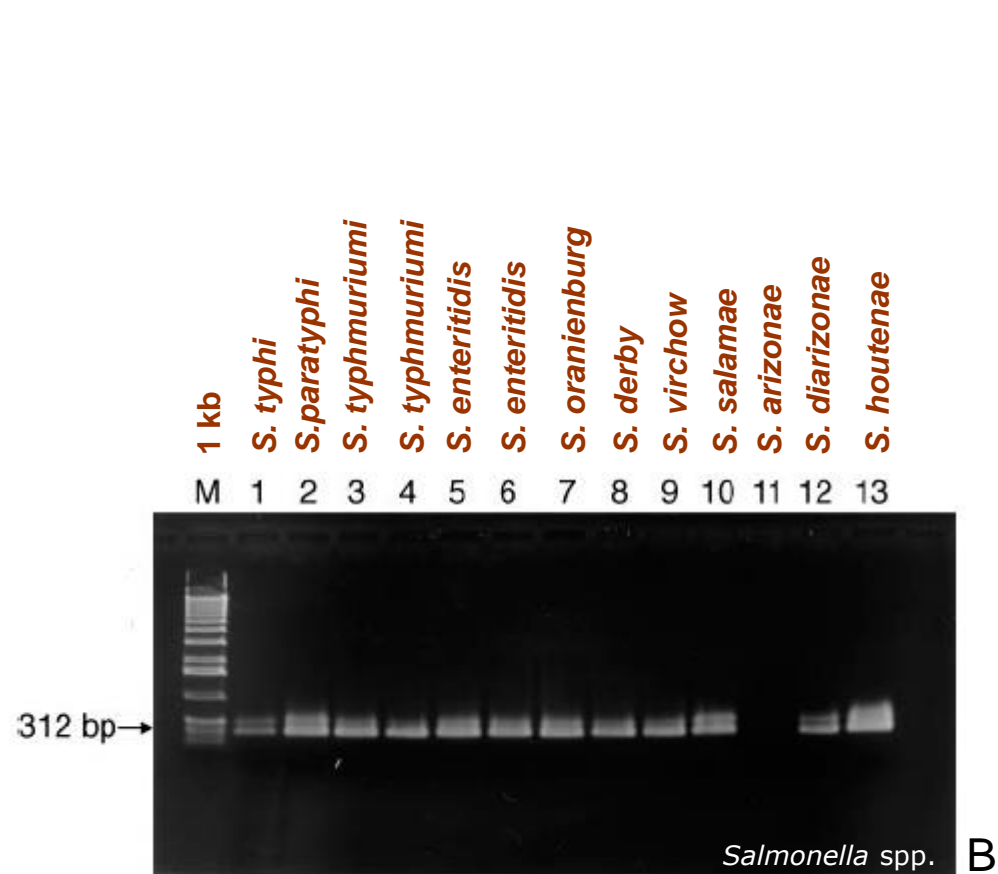
Microorganisms isolation vs. direct detection in mixed samples

PCR amplification – “single” molecular marker



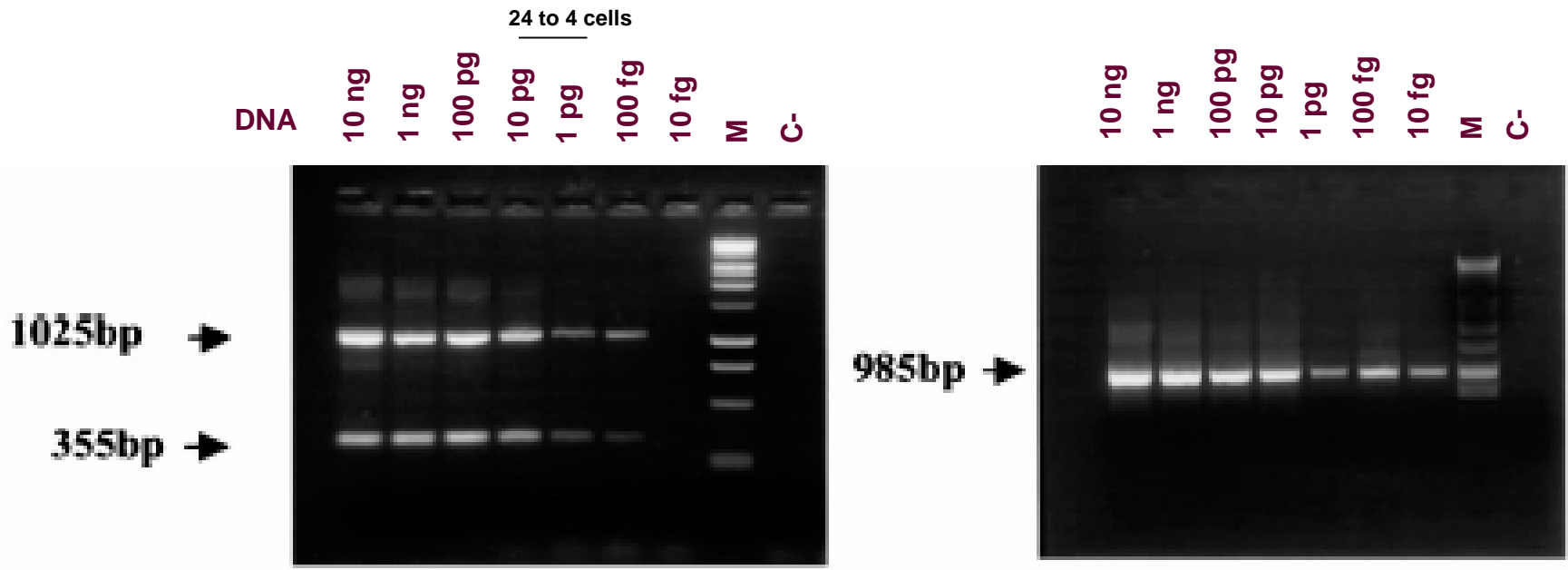
PCR amplification products obtained from each **species-specific** primer set

In Lee et al., 2000



Nested PCR amplification products obtained by **lysed** bacterial cultures

In Waage et al., 1999



Detection threshold - Evaluating primers sensitivity

- S. aureus***
 - NF-NR: universal primers for bacteria: 1025 bp
 - P2F-NR: specific primers for bacteria G+: 355 bp

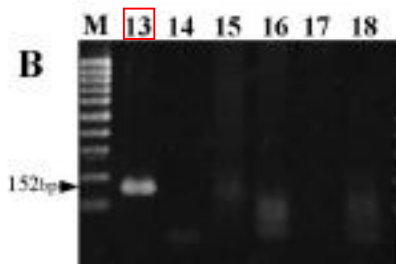
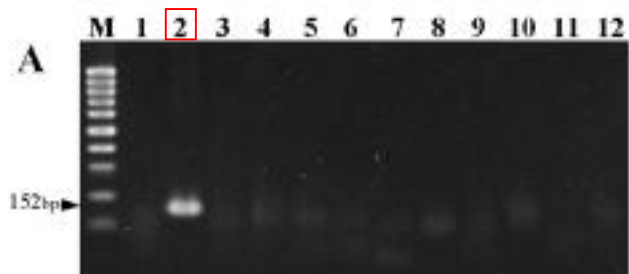
- E. coli***
 - NF-N6R: specific primers for bacteria G-: 985 bp

In Carroll et al., 2000

TABLE 1. Detection of *S. schenckii* in tail tissues of experimentally infected mice^a

Mouse no.	Result by:		
	Histology (PAS stain)	First-round PCR	Nested PCR
1	+	+	+
2	-	-	+
3	-	-	+
4	-	-	+
5	+	+	+
C1	ND	-	-
C2	ND	-	-

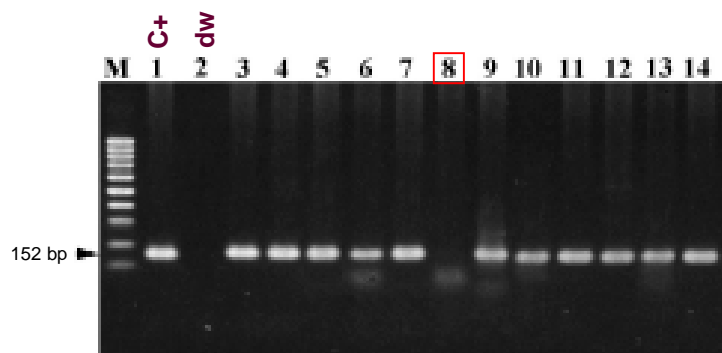
^a C, control; +, positive; -, negative; ND, not done.



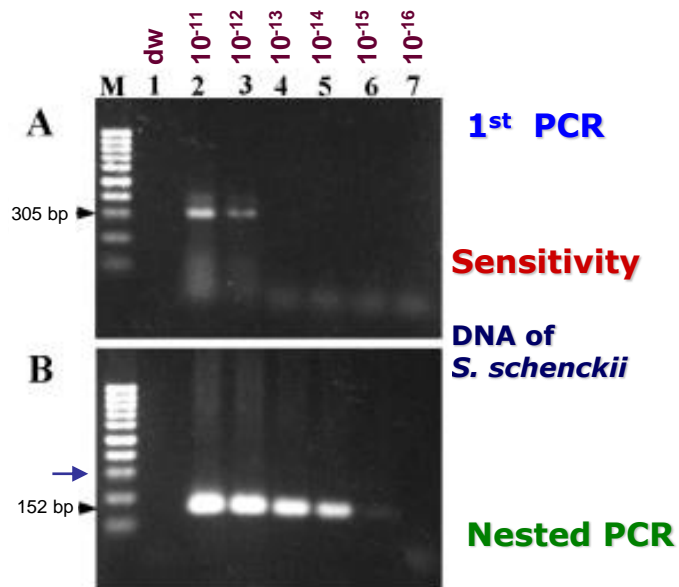
Specificity

**2 and 13
*S. schenckii***

1 to 18: DNA from fungi, bacteria, mycobacterium and human skin



***Sporothrix schenckii* detection
DNA from 12 clinical samples**



Molecular diagnosis: method evaluation

		Methods Results			
		+	-		
Microorganism Presence	+	A	B	<i>Se</i>	A : True (+) B : False (-)
	-	C	D	<i>Sp</i>	C : False (+) D : True (-)
		<i>PV+</i>	<i>PV-</i>		

$$\text{Sensitivity} = \frac{A}{A + B} \times 100\%$$

$$\text{Specificity} = \frac{D}{C + D} \times 100\%$$

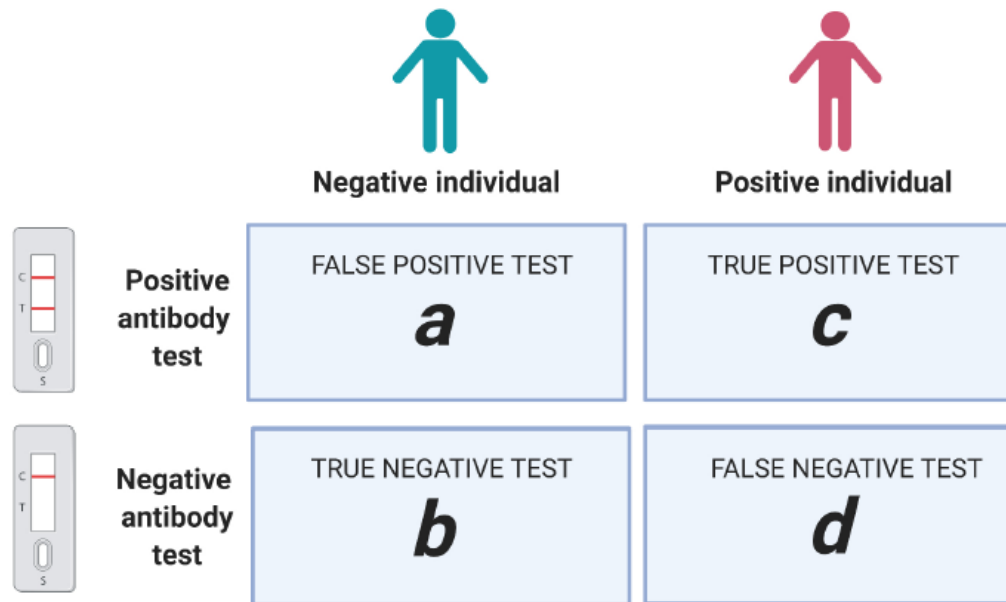
$$\text{False (-)} = 1 - \text{Sensitivity}$$

$$\text{False (+)} = 1 - \text{Specificity}$$

$$\text{PV (+)} = \frac{A}{A + C} \times 100\%$$

$$\text{PV (-)} = \frac{D}{B + D} \times 100\%$$

PV = Predictive Value



Sensitivity

What proportion of individuals with prior exposure will test positive?
 $= c / (c+d) \times 100\%$

Positive predictive value

What proportion of all positive tests represent individuals who are truly positive?
 $= c / (a+c) \times 100\%$

Specificity

What proportion of individuals without prior exposure will test negative?
 $= b / (a+b) \times 100\%$

Negative predictive value

What proportion of all negative tests represent individuals who are truly negative?
 $= b / (b+d) \times 100\%$

In National COVID Testing Scientific Advisory Panel, 2020

Reasons for Obtaining False-Positive and False-Negative Results in Molecular Diagnostic Assays

Reasons for false-positive results	Reasons for false-negative results
Carry over contamination (amplicons) from previously amplified products	Inhibition of PCR reaction
Presence of exogenous target DNA in reagents, water, kits, sterile blood culture material	Inadvertent loss of template nucleic acid target owing to poor extraction, handling and storage protocols
Poor primer design (nonspecificity)	Digestion of nucleic acid template with endogenous DNAses and RNAses
Inadequate amplification conditions	Poor primer design (nonconserved regions at primer site[s] in variants)
Contamination from laboratory personnel	Poor intrinsic sensitivity of nucleic acid amplification/analysis detection system
	Poor sensitivity of nucleic acid amplification/analysis reaction
	Poor specificity
	Inadequate amplification conditions

In Millar & Moore, 2004

DNA amplification from dead organisms

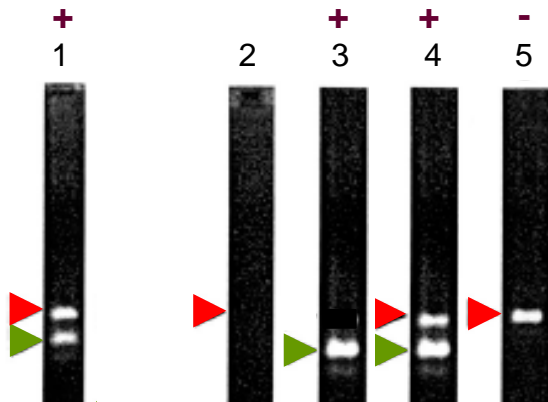
- ⇒ **diagnostically correct as positive**
- ⇒ **clinically as false-positive**

**Test controls
necessary for
performance of
diagnostic PCR**

**Internal
Positive
Negative
No-template
Premise
Standard []**

Type of control	Description
Internal amplification control (IAC)	Containing chimeric nonrelevant DNA added to master mixture and amplifiable by the same primer set as the target DNA, but resulting in an amplicon size visually distinguishable from that of the target DNA
Processing positive control (PPC)	A negative sample spiked with a sufficient amount of the pathogen and processed through the entire protocol
Processing negative control (PNC)	A negative sample spiked with a sufficient amount of a closely related, but nontarget strain processed through the entire protocol
Reagent (negative) control	Containing all reagents, but no nucleic acid apart from the primers
Premise control	A tube containing the master mixture left open in the PCR setup room to detect possible contaminating DNA in the environment (to be done at regular intervals as part of the quality assurance program)
Standard concentrations	Three to four samples containing serial 10-fold dilutions of a known number of target DNA copies in a range above the detection limit (necessary only for quantitative PCR)

In Malorny et al., 2003



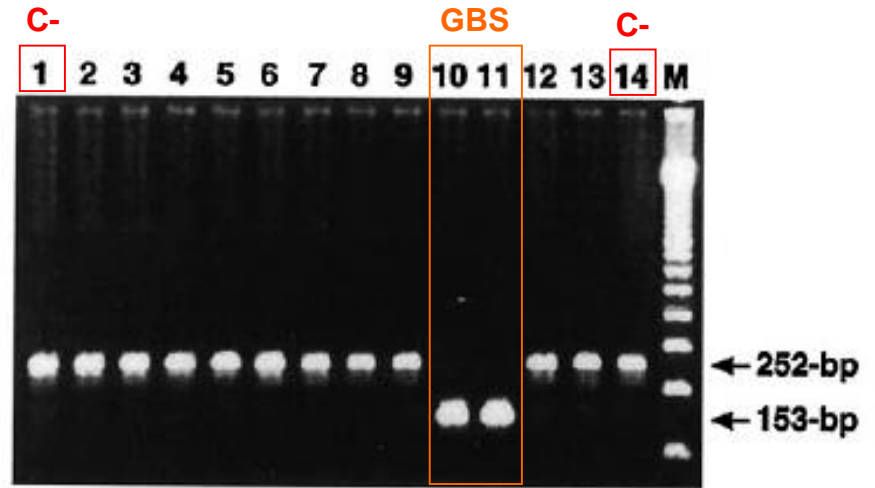
2 - PCR inhibition

3 = 2 purified

4 = 2 diluted

Coamplification of *Leishmania* DNA from clinical samples and one positive control (540 bp)

Adapted from Marfurt et al., 2003



GBS = "group B streptococci" or *Streptococcus agalactiae*

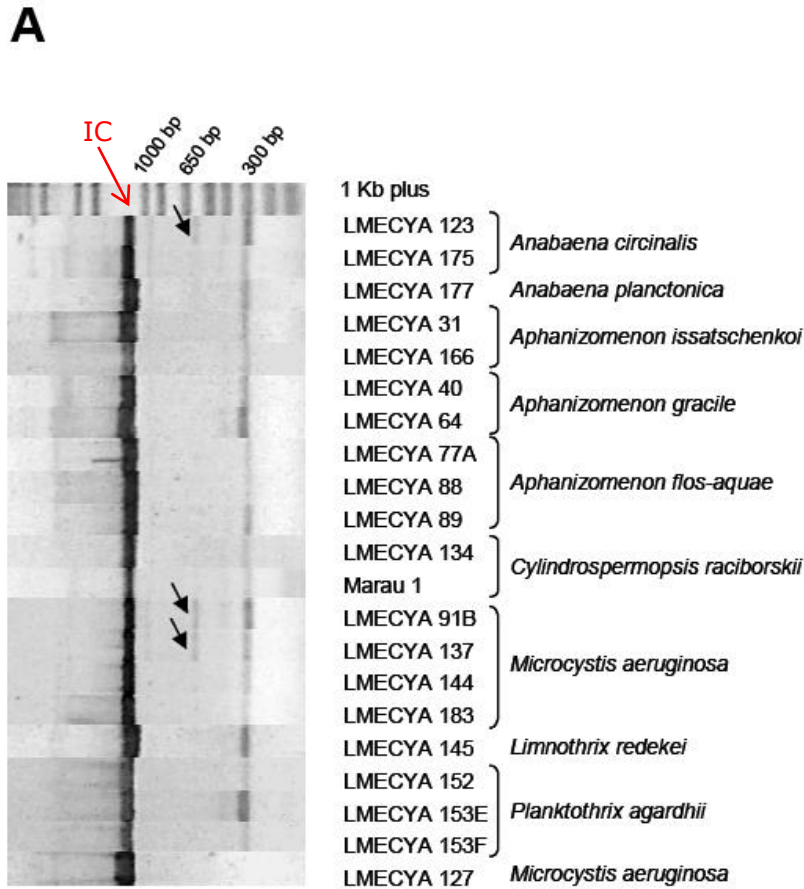
Signal of PCR GBS-specific = 153 bp
Internal control = 252 bp

10 and 11 = positive samples

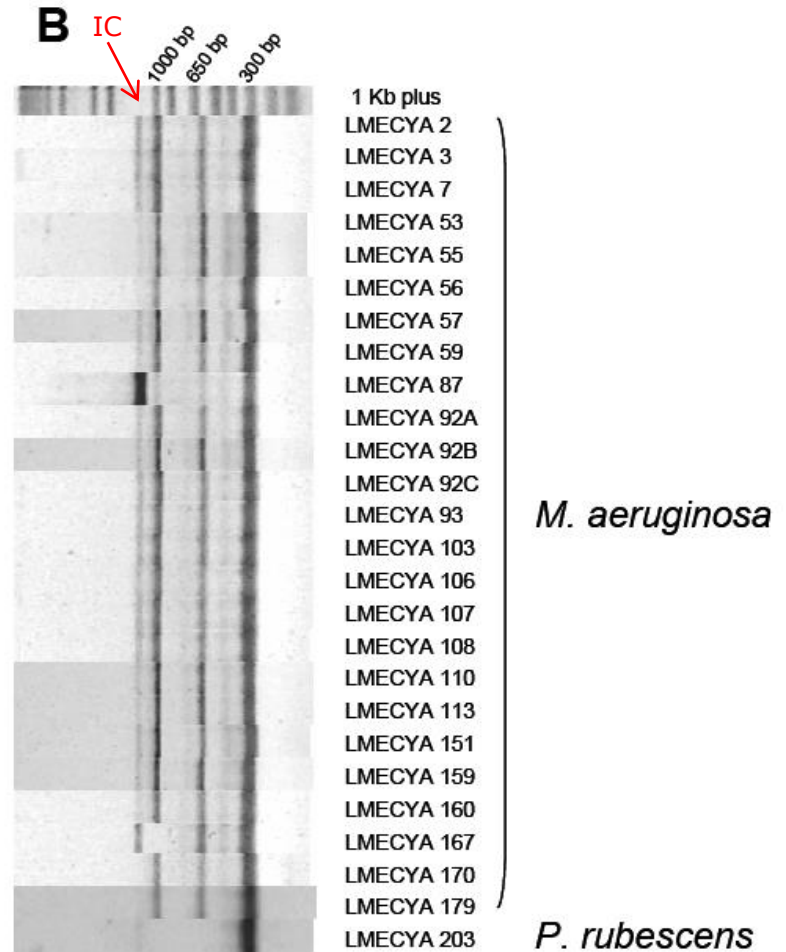
In Ke et al., 2000

Multiplex PCR for detection of microcystins-producing

cyanobacteria from freshwater samples

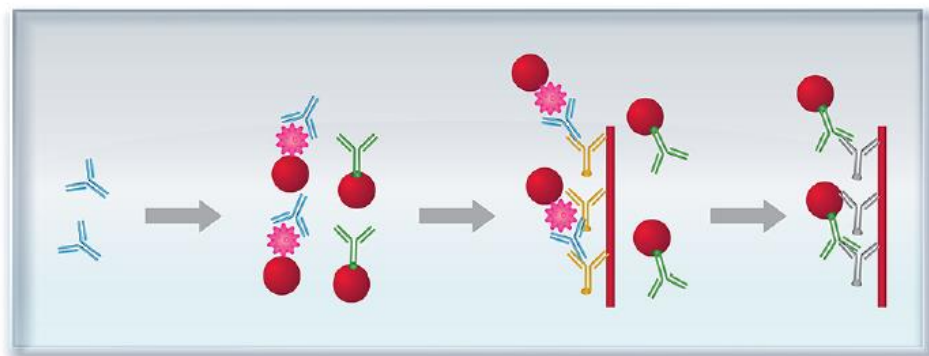


Multiplex PCR assay for the **simultaneous** amplification of *mcyA-cd*, *mcyAB* and *mcyB* in **21 non-toxic** isolates



Multiplex PCR assay results of the **26 toxic** isolates

The amplification of a **cyanobacterial 16S rDNA** gene fragment was also included as a **PCR internal control**



Lateral Capillary Flow (Nitrocellulose Membrane)

- | | |
|----------------------------------|---|
| Y Human anti-SARS-CoV-2 antibody | ● Control antibody to validate assay |
| ★ SARS-CoV-2 antigen | Y Immobilized anti-human antibody |
| ● Tag | Y Immobilized antibody against control antibody |

Lateral flow immunoassay for detection of anti-SARS-CoV-2 antibodies.

- Samples move via capillary flow on the nitrocellulose membrane.
- When **anti-SARS-CoV-2 antibodies** are present, they bind to the **labeled antigen** and continue to move until they are captured by the **immobilized antihuman antibodies**.
- The presence of the captured antibody–antigen complex is visualized as a **colored test band**.
- The **labeled control antibodies** comigrate until they are **captured** at the control band.

Carter *et al.*, 2020

**Reliability of *mcy*-based PCR methods tested for diagnosis
of microcystin-producing isolates
HPLC analysis of microcystins was used as the "gold standard"**

Parameter	No. of isolates based on <i>mcyA</i> -cd PCR	No. of isolates based on <i>mcyAB</i> PCR	No. of isolates based on <i>mcyB</i> PCR	No. of isolates based on multiplex PCR
True positive	10 (15.2) ^c	10 (15.2)	9 (13.6)	24 (19.4)
False positive	7 (10.6)	5 (7.6)	7 (10.6)	0 (0)
True negative	49 (74.2)	51 (77.3)	49 (74.2)	98 (79.0)
False negative	0 (0)	0 (0)	1 (1.5)	2 (1.6)
Sensitivity	100.0	100.0	90.0	92.3
Specificity	87.5	91.1	87.5	100.0
PPV ^a	58.8	66.7	56.3	100.0
NPV ^b	100.0	100.0	98.0	98.0
Number of tested isolates	66	66	66	124

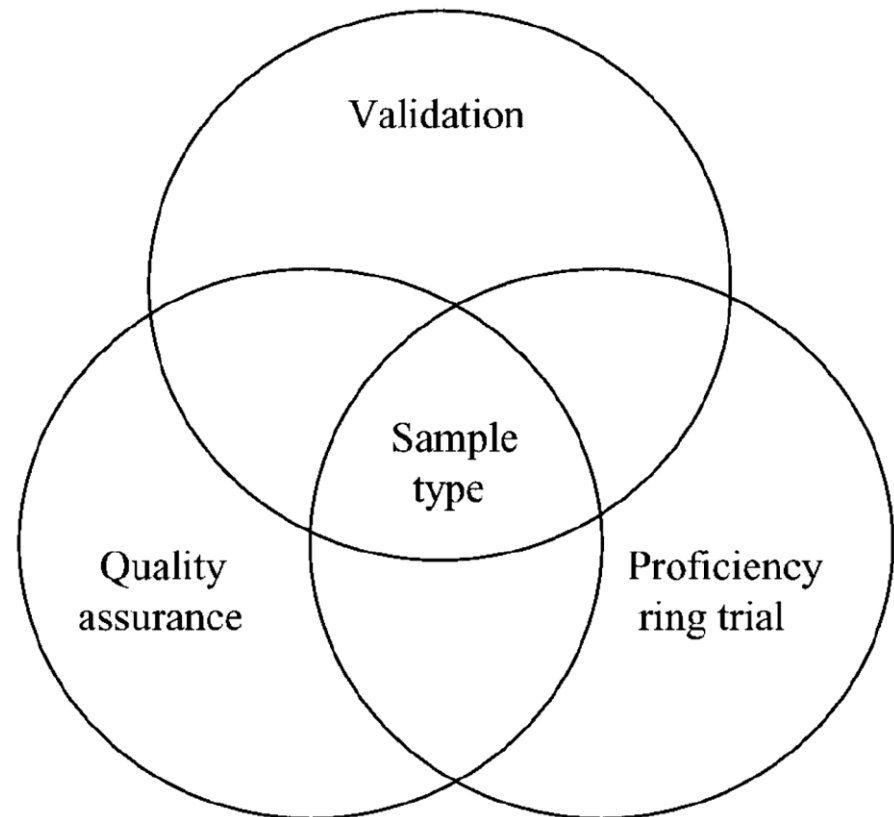
^aPPV, predictive value of positive test; ^bNPV, predictive value of negative test. ^cValues in parentheses refer to percentages of the total of tested isolates.

In Valério, 2008

An integrated approach to establishment of diagnostic PCR

Validation

demonstrating that the **new method** can generate results that are comparable - if not better - to those obtained by the **current reference method**



In Hoofar et al., 2004

PCR Workflow

The workflow needs to be well defined and procedures to prevent contamination must be strictly followed



1

Nucleic acid extraction and specimen processing

2

PCR mastermix reaction setup only

3

The specimen nucleic acid is added to the PCR mastermix

4

Positive control material is added

5

PCR instruments



Are Molecular Tools Solving the Challenges Posed by Detection of Plant Pathogenic Bacteria and Viruses?

In López et al., 2009

Comparison of sensitivity, specificity, feasibility, rapidness and cost of different techniques in detection of plant pathogenic bacteria and viruses

Technique	Sensitivity ^a	Specificity ^b	Feasibility ^c	Rapidness	Cost
Molecular hybridisation	+ ^d	++++	++	+	+++
FISH	++	++	+++	+	++
Conventional PCR	+++	++++	+++	+++	+++
Nested PCR in a single tube	++++	++++	+++	++	+++
Cooperational-PCR ^e	++++	++++	+++	+++	+++
Multiplex PCR	+++	++++	+++	+++	+++++
Multiplex nested PCR	++++	++++	++	+++	++++
Real-time PCR ^f	+++++	+++++	++++	+++++	+++
NASBA ^g	+++++	++++	++++	++++	++
LAMP	++++	++++	+++	++++	++
Microarrays	+	+++++	+	++	+

^a Sensitivity: probability of detecting true positives.

^b Specificity: probability of detecting true negatives.

^c Feasibility: practicability in routine analysis, execution and interpretation.

^d The number of + symbols indicates how methods rate regarding each considered criterion, from acceptable (+) to optimum (+++++).

^e Coupled with hybridisation and colorimetric detection.

^f Using TaqMan probes.

^g Using Molecular Beacons probes.

Advantages and disadvantages of detection methods

S. no	Detection method	Advantages	Disadvantages
1	Culture-dependent method	Ability to detect single bacterial strain Recognition of viable cells Appropriate toward suitable media	Risk for contamination Intense requirement of time and resource
2	Culture-independent method	Accurate and multiplex detection	High-level skill is required in obtaining results
3	Piezoelectric biosensor	High amplitude and frequency range	Depends on temperature Less energy efficiency
4	Bioluminescence biosensor	Simplicity, inexpensiveness and high intensity	Depends on the process of emission of light
5	Electrochemical biosensor	Portable system, faster response and high stability	Performance is influenced by temperature and ph
6	Optical biosensor	Faster optimization and easy design	Only optimization and no quantification
7	Spectroscopic techniques	Sensitive toward the surface of the molecule	Interference of fluorescence and time-consuming
8	Gas chromatography–mass spectrometry (GC–MS)	Volatile and nonvolatile compounds can be analyzed Accuracy and low running cost	Sample preparation is difficult
9	Enzyme-linked immunosorbent assay (ELISA)	Quick and easy to carry out Highly specific	Difficulty is faced in measuring the enzyme activity
10	Enzyme-linked fluorescent assay (ELFA)	Much sensitive toward biochemical tests	Depends on the emission of fluorescence
11	Immunomagnetic separation (IMS)	Effective isolation of cells from fluids	Preparation of beads is required in the case of magnetic beads separation
12	DNA microarray	High throughput Analysis of multiple genes	Confusing to first time users Results are not reproducible
13	DNA hybridization	Reduced cost, rapid detection	Based on DNA assay
14	Multiplex PCR	Less time and effort consumption	Optimization is difficult and increased cost
15	Real-time PCR	Simple and rapid data analysis	Emission spectra overlapping and nonspecific binding

GC–MS gas chromatography–mass spectrometry, *ELISA* enzyme-linked immunosorbent assay, *ELFA* enzyme-linked fluorescent assay, *IMS* immunomagnetic separation, *DNA* deoxyribonucleic acid, *PCR* polymerase chain reaction

Saravanan *et al.*, 2021

Definition of terms used in validation of PCR testing

Validation	Results obtained by PCR should be comparable to those obtained by the reference method.
Qualitative PCR	The test response is either the presence or absence of PCR product (amplicon), detected either by observation or with equipment.
Quantitative PCR	The test response can be correlated with the DNA copy number of amplicon, related to the number of target microorganisms.
Detection limit (DL)	The smallest number of culturable target microorganisms necessary to create a PCR-positive response.
Selectivity	Measure of inclusivity of target strains (from a wide range of strains), and exclusivity (the lack of amplicon from a relevant range of closely related non-target strains).
Positive deviation (PD)	PCR-positive case when the reference method gives a negative result (false positive).
Negative deviation (ND)	PCR-negative case when the reference method gives a positive result (false negative).
Positive agreement (PA)	Sample positive by both PCR and the reference method.
Negative agreement (NA)	Sample negative by both PCR and the reference method.
Diagnostic accuracy (AC)	Degree of correspondence between the response obtained by PCR and the response obtained by the reference method on identical samples ($AC = (PA + NA) / \text{total number of samples}$).
Diagnostic sensitivity (SE)	Ability of PCR to detect the microorganism when it is detected by the reference method ($(PA/N+) \times 100$).
Diagnostic specificity (SP)	Ability of PCR to not detect the microorganism when it is not detected by the reference method ($(NA/N-) \times 100$).
Robustness	Reproducibility by other laboratories using different batches and brands of reagents and validated thermal cyclers and equipment.

N- is the total number of negative results with the reference method.

N+ is the total number of positive results with the reference method.

References (in slides)

- Abubakar, I., Irvine, L., Aldus, C.F., Wyatt, G.M., Fordham, R., Schelenz, S., Shepstone, L., Howe, A., Peck, M., Hunter, R.P. 2007. A systematic review of the clinical, public health and cost-effectiveness of rapid diagnostic tests for the detection and identification of bacterial intestinal pathogens in faeces and food. *Health Technology Assessment*, Vol. 11: No. 36
- Carroll, N.M., Jaeger, E.E.M., Choudhury, S., Dunlop, A.A.S., Matheson, M.M., Adamson, P., Okhravi, N., Lightman, S. 2000. Detection of and Discrimination between Gram-Positive and Gram-Negative Bacteria in Intraocular Samples by Using Nested PCR. *Journal of Clinical Microbiology* 38(5): 1753–1757.
- Carter *et al.*, 2020. Assay Techniques and Test Development for COVID-19 Diagnosis. *ACS Central Science* 6: 591-605.
- Efstratiou, A., Engler, K.H., Dawes, C.S., Sesardic, D. 1998. Comparison of Phenotypic and Genotypic Methods for Detection of Diphtheria Toxin among Isolates of Pathogenic Corynebacteria. *Journal of Clinical Microbiology* 36 (11): 3173–3177.
- Gopinath *et al.*, 2014. Bacterial detection: From microscope to smartphone. *Biosensors and Bioelectronics* 60: 332-342.
- Hoorfar, J., Wolff, P., Rådström, P. 2004. Diagnostic PCR: validation and sample preparation are two sides of the same coin. *APMIS* 112: 808–14.
- Howard & Whitcombe. 1995. *Methods in Molecular Biology*, vol 46, Diagnostic Bacteriology Protocols. J. Howard & D.M. Whitcombe (Eds.). Totowa, NJ: Humana Press Inc.
- Hu, S., Chung, W-H., Hung, S-I., Ho, H-C., Wang, Z-W., Chen, C-H., Lu, S-C., Kuo, T-T., Hong, H-S. 2003. Detection of *Sporothrix schenckii* in Clinical Samples by a Nested PCR Assay. *Journal of Clinical Microbiology* 41(4): 1414–1418.
- Ke, D., Ménard, C., Picard, F.J., Boissinot, M., Ouellette, M., Roy, P.H., Bergeron, M.G. 2000. Development of Conventional and Real-Time PCR Assays for the Rapid Detection of Group B Streptococci. *Clinical Chemistry* 46(3): 324–331.

References (in slides)

- Lee, H-J., Park, S-Y., Kim, J. 2000. Multiplex PCR-based detection and identification of *Leuconostoc* species. *FEMS Microbiology Letters* 193: 243-247.
- Liu *et al.*, 2016. Biosensors based on modularly designed synthetic peptides for recognition, detection and live/dead differentiation of pathogenic bacteria. *Biosensors and Bioelectronics* 80: 9-16.
- López, M.M., Llop, P., Olmos, A., Marco-Noales, E., Cambra, M., Bertolini, E. 2009. Are Molecular Tools Solving the Challenges Posed by Detection of Plant Pathogenic Bacteria and Viruses? *Curr. Issues Mol. Biol.* 11: 13-46.
- Malorny, B., Tassios, P.T., Rådström, P., Cook, N., Wagner, M., Hoorfar, J. 2003. Standardization of diagnostic PCR for the detection of foodborne pathogens. *International Journal of Food Microbiology* 83: 39–48.
- Marfurt, J., Nasereddin, A., Niederwieser, I., Jaffe, C.L. Beck, H-P., Felger, I. 2003. Identification and Differentiation of *Leishmania* Species in Clinical Samples by PCR Amplification of the Miniexon Sequence and Subsequent Restriction Fragment Length Polymorphism Analysis. *Journal of Clinical Microbiology* 41(7): 3147–3153.
- Millar, B.C. & Moore, J.E. 2004. Molecular Diagnostics: Current Options. In: N. Woodford & A. Johnson (Eds.). *Methods in Molecular Biology*, vol. 266: Genomics, Proteomics, and Clinical Bacteriology: Methods and Reviews (pp. 139-166). Totowa, NJ: Humana Press Inc.
- National COVID Testing Scientific Advisory Panel. 2020. Evaluation of antibody testing for SARS-CoV-2 using ELISA and lateral flow immunoassays. medRxiv preprint doi: <https://doi.org/10.1101/2020.04.15.20066407>; version not certified by peer review
- Primiceri *et al.*, 2016. A multipurpose biochip for food pathogen detection. *Analytical Methods* 8: 3055-3060.
- Saravanan *et al.*, 2021. Methods of detection of food-borne pathogens: a review. *Environmental Chemistry Letters* 19: 189–207.
- Tang, Y-W. & Persing, D.H. 2000. Diagnostic Microbiology. In: J. Lederberg (Eds.). *Encyclopedia of Microbiology*, 2nd ed., vol.2 (pp. 29-42). New York: Academic Press.

References (in slides)

- Valério, E.M.P. 2008. Molecular approaches in cyanobacteria: from detection and diversity to DNA-based biosensors. Ph.D. Thesis, Faculdade de Ciências da Universidade de Lisboa.
- Waage, A.S., Vardund, T., Lund, V., Kapperud, G. 1999. Detection of low numbers of *Salmonella* in environmental water, sewage and food samples by a nested polymerase chain reaction assay. *Journal of Applied Microbiology* 87: 418–428.
- Wang, Y. & Salazar, J.K. 2016. Culture-Independent Rapid Detection Methods for Bacterial Pathogens and Toxins in Food Matrices. *Comprehensive Reviews in Food Science and Food Safety* 15: 13-207.

Bibliography (read...)

1. Hoorfar, J., Wolff, P., Rådström, P. 2004. **Diagnostic PCR: validation and sample preparation are two sides of the same coin.** *APMIS* 112: 808–14.
2. Musser, K.A., Egan, C. 2009. **Validation of New Molecular Tests for Microbiological Testing of Clinical Specimens.** *Clinical Microbiology Newsletter* 31: 185-191.
3. Udugama *et al.*, 2020. **Diagnosing COVID-19: The Disease and Tools for Detection.** *ACS NANO*
<https://dx.doi.org/10.1021/acsnano.0c02624>

In this article some sentences were highlight, they are related to the subject presented in the slides.