Letters

National Institute of Allergy and Infectious Diseases (NIAID) Preclinical Resources for Product Development

One of the biggest challenges to product development for infectious diseases is the cost of moving promising candidates through the pipeline. Recognizing this challenge, NIAID can help provide the critical information necessary to advance products and lessen the financial risks associated with investing in product development.

NIAID’s Division of Microbiology and Infectious Diseases (DMID) offers a suite of preclinical services to conduct:

- In vitro assessment for antimicrobial activity—high-throughput and specific and broad spectrum screens to stimulate research towards discovery of improved antimicrobial therapies.
- In vivo services (screening, efficacy, development of animal models)—the provision of a broad range of in vivo models, development of novel models, and refinement of existing models. Product screening and efficacy testing for FDA submissions are also included.
- Therapeutic development services—preclinical services to support the development of products intended for use in the cure, mitigation, diagnosis, or treatment of disease caused by a pathogen or certain toxins.
- Vaccine development services—resources to support the development of vaccines; vaccine components including adjuvants; vaccine delivery systems; other biologics; and biosafety lab (BSL)-2, BSL-3, and BSL-4 challenge material. Services include vaccine testing and vaccine manufacturing resources.

DMID also provides resources to support:

- Basic research to identify and develop targets. Services include repositories and ‘omics resources.
- Clinical evaluation resources to conduct and support clinical trials.

DMID programs encompass a wide range of pathogens for nearly every human infectious agent spanning bacteria, viruses, parasites, fungi, toxins and vectors (DMID resources do not include those for HIV/AIDS). Services are provided by DMID-funded contractors and are offered free of charge.

For more information on DMID resources, please visit http://www.niaid.nih.gov/labsandresources/resources/dmid, or contact dmidresources@niaid.nih.gov.

For examples of scientific success stories related to research resources for product development, please visit http://www.niaid.nih.gov/about/organization/dmid/success.

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Review of Practices Associated with Testing for Urinary Tract Infection

ASM, in collaboration with the Centers for Disease Control and Prevention (CDC), is conducting an evidence-based review of the practices associated with the pre-analytical phase of laboratory testing for urinary tract infection. This review is part of a larger initiative to identify best practices in laboratory medicine. Specifically, the review focuses on practices involved in the collection, preservation, transportation, and storage of urine specimens and the impact of these practices on the quality of urine microbiology for diagnosis of urinary tract infection. The purpose of this communication is to solicit data that addresses one or more of these pre-analytical variables that may not have been published in the peer-reviewed literature. This approach acknowledges that many practices in the laboratory do not lend themselves to evaluation by traditional research designs, and much useful evidence may be obtained from colleagues whose priority on service delivery takes precedence over publishing. Examples of these types of activities might include posters or oral presentations presented at regional or national meetings, studies presented to local constituencies or internal quality improvement projects. Please e-mail professionalpractice@asmusa.org to request the abstraction form. As per CDC requirements, rules of conduct pertaining to the privacy of information collected from respondents will be maintained. No personal health information or patient data will be collected and access to the information collected will be controlled by the study coordinators. Electronic transfers will be encrypted during transmission. Hard copies of data submission forms will be secured in locked storage cabinets and access limited to the study coordinators.

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