

Supplementary Information

A fast impedance-based fast antimicrobial susceptibility test

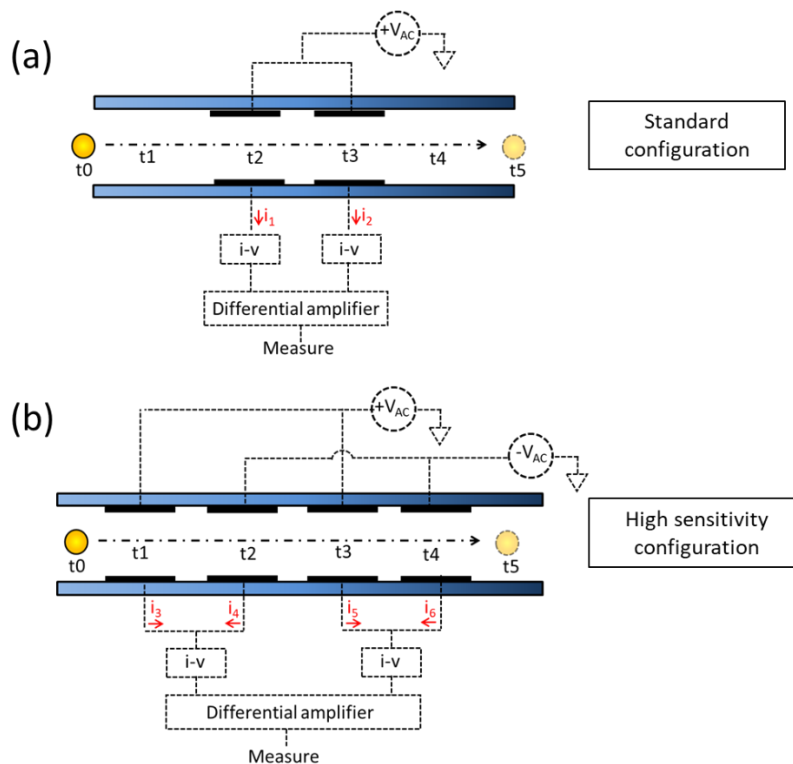
Daniel C. Spencer¹, Tegan F. Paton², Timothy J.J. Inglis^{2,3}, J. Mark Sutton⁴ and Hywel Morgan¹

¹ Department of Electronics and Computer Science, and Institute for Life Science, University of Southampton, Hampshire, SO17 1BJ UK

² Department of Microbiology, PathWest Laboratory Medicine, WA, Nedlands, Australia

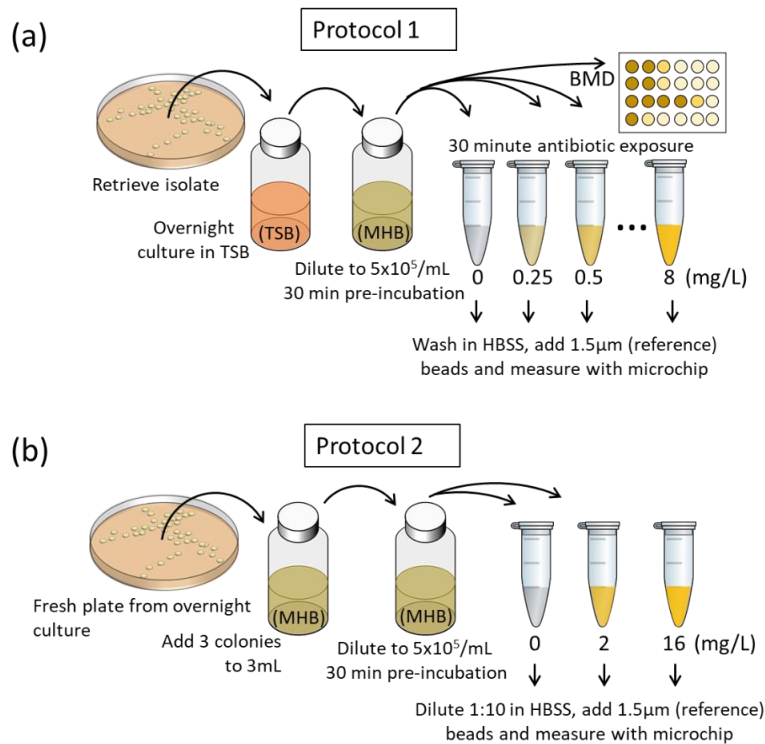
³ Faculty of Health and Medical Sciences, University of Western Australia, Nedlands, Australia

⁴ Public Health England, National Infection Service, Porton Down, Salisbury, Wiltshire, SP4 0JG, UK.



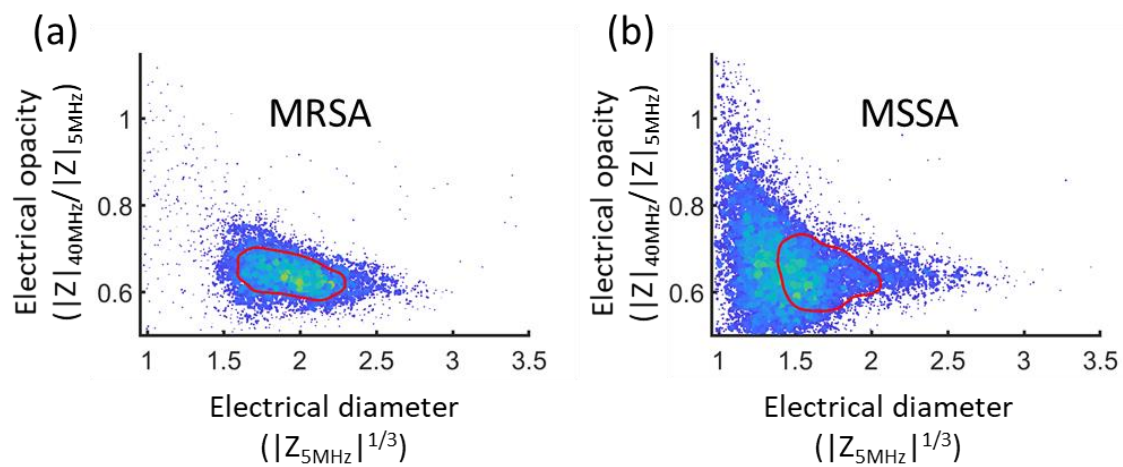
Supplementary Figure 1. Schematic of a conventional and new impedance cytometer electrode design. (a) shows the cross section of a conventional impedance cytometer, where cells suspended in an electrolyte flow along the channel one-by-one through two pairs of electrodes. An AC voltage at one or more frequencies is applied to the top two electrodes. The bottom two electrodes are each held at virtual ground through a transimpedance amplifier ($i-v$ converter) and the difference between currents i_1 and i_2 is measured to determine the particle impedance, measured with a differential amplifier and lock-in amplifier. In (a) the steady-state currents i_1 and i_2 are relatively large, of the order of mA (suspending medium is a high salt buffer), whereas the change in the current produced by a passing particle of the size of a bacterial cell is in the range of nano-amps. To maximise the signal-to-noise ratio of the measurement signal, the applied voltage should be as high as possible and the gain in the current-to-voltage converters should be maximised. However, as the applied voltage is increased, i_1 and i_2 increase proportionally which leads to clipping in the $i-v$ converters. To increase

sensitivity a new configuration that has four pairs of electrodes is used and is shown in **(b)**. Two of the top electrodes are driven with an AC voltage, whilst the other two top electrodes are driven with the same voltage signal, but phase shifted by 180° . Thus, currents i_3 and i_4 are out-of-phase by 180° and the sum of these is zero when there is no particle in the channel. This allows the drive voltage and gain in the current-voltage amplifiers to be increased substantially, enabling much smaller particles to be measure in a large dimension channel.



Supplementary Figure 2. Workflow for two different experimental protocols. (a) Experimental methodology for impedance-based minimum inhibitory concentration (MIC), protocol 1. A colony picked from a plate is incubated overnight in Tryptic Soy Broth (TSB) to the stationary phase. An aliquot of this culture is diluted into Mueller Hinton Broth (MHB) to a concentration of 5×10^5 cells/mL and incubated at 37°C for 30 minutes to obtain an actively dividing culture. An aliquot of the actively dividing culture is used for a standard broth microdilution assay. Aliquots ($950 \mu\text{L}$) are added to 7 pre-warmed test tubes each containing $50 \mu\text{L}$ MHB and Meropenem to give a final antibiotic concentration of 0, 0.25, 0.5, 1, 2, 4 or 8 mg/L. The tubes are incubated for 30 minutes (antibiotic exposure). Cells are then washed once in hanks balanced salt solution (HBSS) and subsequently diluted 1:10 in HBSS. 1.5 μm diameter beads (reference particles) are added to each sample ($10^4/\text{mL}$). The sample is loaded into a syringe measured for 3 minutes at $30 \mu\text{L}/\text{min}$ in the micro cytometer. **(b)** Experimental methodology for impedance based breakpoint analysis (protocol 2). Three colonies are selected from a plate and added to 3mL MHB. The sample is vortexed to re-suspend the bacteria and is then diluted to a concentration of $5 \times 10^5/\text{mL}$ in MHB. The sample is incubated for 30 minutes to

obtain an actively dividing culture. Aliquots of 500uL are added to test tubes containing pre-warmed 500uL MHB each with a final antibiotic concentration at the clinical breakpoint (2 or 16mg/L for Meropenem, 1 mg/L ciprofloxacin, 8 mg/L gentamicin, 4 mg/L Colistin, 8 mg/L ceftazidime, Amoxicillin/clavulanic acid and cefoxitin) along with a control (0 mg/L). Each tube is incubated for 30 minutes (antibiotic exposure), the sample is diluted 1:10 in HBSS, 1.5um diameter beads (reference particles) are added and the sample is measured for 2 minutes at 30ul/min in the micro cytometer.



Supplementary Figure 3. Scatterplots for methicillin sensitive and methicillin resistant *S. aureus* after exposure to cefoxitin. The figure shows a scatterplot for (a) a methicillin resistant and (b) methicillin sensitive strain of *S. aureus* after a 30 minute exposure to cefoxitin which is used for testing methicillin resistance as per EUCAST guidelines. The x -axis is the cube root of the impedance at low frequency (proportional to diameter) measured at a frequency of 5MHz. The y -axis is the electrical opacity, a measure of membrane/cell wall properties normalised to cell volume, measured at 40MHz. The red contour defines the cell population before antibiotic exposure. Source data are provided as a Source Data file.

Figure 3		
Species	Isolate Designation	Meropenem MIC by BMD (n=3)
<i>Klebsiella pneumoniae</i>	43358	<0.25 mg/L
<i>Klebsiella pneumoniae</i>	ATCC 700603	<0.25 mg/L
<i>Klebsiella pneumoniae</i>	18397	<0.25 mg/L
<i>Klebsiella pneumoniae</i>	43292	<0.25 mg/L
<i>Klebsiella pneumoniae</i>	44271	<0.25 mg/L
<i>Klebsiella pneumoniae</i>	KS1	8 mg/L
<i>Klebsiella pneumoniae</i>	KS11	8 mg/L
<i>Klebsiella pneumoniae</i>	K1	128 mg/L
<i>Klebsiella pneumoniae</i>	1705	128 mg/L
<i>Klebsiella pneumoniae</i>	K14	256 mg/L
Figure 4		
Species	Isolate Designation	Meropenem Sensitivity
<i>Acinetobacter baumannii</i>	NCTC 13424	Resistant (OXA-23)
<i>Acinetobacter baumannii</i>	ATCC 17978	Sensitive
<i>Klebsiella pneumoniae</i>	51851	Resistant (KPC)
<i>Klebsiella pneumoniae</i>	NCTC 13368	Sensitive (SHV-18 ESBL)
<i>Klebsiella pneumoniae</i>	CFI-014	Carbapenemase negative, carbapenem resistant
<i>Pseudomonas aeruginosa</i>	NCTC 13437	Resistant (VIM-10)
<i>Pseudomonas aeruginosa</i>	PA01	Sensitive
<i>Escherichia coli</i>	CFL 161	Resistant (KPC-2)
<i>Escherichia coli</i>	NCTC 12923	Sensitive
Figure 5		
Species	Isolate Designation	Antibiotic and Sensitivity
<i>Klebsiella pneumoniae</i>	51851	Colistin Resistant
<i>Klebsiella pneumoniae</i>	NCTC 13438	Colistin Sensitive
<i>Klebsiella pneumoniae</i>	51851	Ciprofloxacin Resistant
<i>Klebsiella pneumoniae</i>	TW3	Ciprofloxacin Sensitive
<i>Klebsiella pneumoniae</i>	NCTC 13368	Ceftazidime Resistant
<i>Klebsiella pneumoniae</i>	M6	Ceftazidime Sensitive
<i>Klebsiella pneumoniae</i>	NCTC 13368	Gentamicin Resistant
<i>Klebsiella pneumoniae</i>	NCTC 5054	Gentamicin Sensitive
<i>Klebsiella pneumoniae</i>	NCTC 13438	Co-amoxiclav Resistant
<i>Klebsiella pneumoniae</i>	M6	Co-amoxiclav Sensitive
<i>Escherichia coli</i>	LEC001	Ceftazidime Resistant
<i>Escherichia coli</i>	NCTC 12923	Ceftazidime Sensitive
<i>Staphylococcus aureus</i>	NCTC 13616	(MRSA) Cefoxitin Resistant (expresses mecA) MIC=32mg/L
<i>Staphylococcus aureus</i>	NCTC 6571	(MSSA) Cefoxitin Sensitive, MIC=1mg/L

Supplementary Table 1. Bacterial isolate information for each experiment. Please refer to the main text for more details for each experimental protocol.