

MICROGEN DIAGNOSTICS

2002 W LOOP 289, SUITE 116 | LUBBOCK, TX 79407 FAX: 1-407-204-1401 | PHONE: 1-855-208-0019

PATIENT	Sample Report MG002	SPECIMEN	Vaginal Sw 10:00	PHYSICIAN	Sharma, Rajendra
DOB	xx/xx/xxxx	RECEIVED DATE	01/10/2023	PHONE	-
PATIENT ID		REPORTED DATE	01/12/2023 09:08 AM	FAX	-
GENDER	Female	COLLECTED DATE	01/06/2023	ACCESSION	

RESISTANCE GENES DETECTED

None

LEVEL 2 NGS REPORT					-	ANT	IMIC	CRC	BIA	LS	FOI	R C	ONS	SIDE	RA	TIO	N	
					Amikacin		Penicillins e.g.		nicillins/Beta-		mycin	n						
COMPREHENSIVE IDENTIFE NEXT-GEN DNA SEQUE RESULTS with PRIOR PCR I	NCING RESULTS.		Gram Stain	Respiration	Aminoglycosides e.g. A	Ampicillin/Amoxicillin	Anti-Pseudomonal Pen Mezlin	Clindamycin	Extended spectrum penicillins/Beta-lactamase inhibitors e.g. Augmentin	Linezolid (Zyvox)	Macrolides e.g Erythromycin	Penicillins e.g. Penicillin						
COMPLETE (NGS & PCR RESULTS)		NGS	iram	dsə														
BACTERIAL LOAD	Med	%			IV	РО	IV	РО		РО	РО	РО						
Lactobacillus acidophilus	NGS	62%	+	An	√	√,	√	√	√,	√	√,	√,						
Lactobacillus delbrueckii	NGS	18%	+	An	√	√,	1	√	√	√	√	√						
Lactobacillus plantarum	NGS	15%	+	An	√	√	√	√	√	√	√	√						
Lactobacillus paraplantarum	NGS	3%	+	An	1	√	1	√	√	√	√	√						
Lactobacillus crispatus/acidophilus	Medium		+	An	√	√	√	√	√	√	√	√						
							<u> </u>	<u> </u>							<u> </u>			
FUNGI DETECTED		%				A	NTIF	-UN	GAI	LS F	-OR	CO	NS	IDE	RA1	101	1	
None																		

	LAB REPORT KEY									
DNA copies (N/A):	Gram Stain:	Respiration:	Antimicrobial:							
[NGS] = Detected by Next-Gen Seq. Only	[+] = Positive	[Ae] = Aerobic	[V] = Proven to be effective.							
Bacterial Load: < 10 ⁵ = LOW	[-] = Negative	[An] = Anaerobic	[R] = Resistance genes detected.							
10 ⁵ to 10 ⁷ = MED	[V] = Variable	[Fan] = Facultative anaerobic	[]=Empty Fields denote Unknown.							
> 10 ⁷ = HIGH	[N] = Not Applicable	[Unk] = Unknown	[PO]= Available in Oral formulations.							
	[U] = Unknown		[IV] = Intravenous; [TP] = Topical.							

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L1 BV PANEL qPCR TESTS FOR BACTERIA			FUNGI	STIs	RESISTANC	E GENES
Streptococcus agalactiae	Mobiluncus curtisii	Mobiluncus mulieris	Candida albicans	None	Vancomycin	Methicillin
Gardnerella vaginalis	Ureaplasma urealyticum	Ureaplasma parvum			Extended-Spectrum Beta-	Beta-lactam
Mycoplasma hominis	Prevotella bivia	Lactobacillus crispatus/acidophilus			Lactamase	Tetracycline
Lactobacillus gasseri					Aminoglycoside	Macrolide
_					Carbapenem	Bactrim
					Quinolone	

Antimicrobial class reported as resistant are based on the detected resistance genes included in the qPCR and the published activity and spectrum of resistance for each gene. Resistance mechanisms other that the included in this panel may confer resistance not detected by the resistance genes included in the panel.

The following genes are included in the panel:

- •mecA: methicillin resistance (applies only to Staphylococcus spp.)
- •vanA: vancomycin resistance (applies only to Enterococcus spp.)
- •CTX-M: Extended Spectrum Beta-lactamase (applies to all Gram-negative organisms)
- KPC, NDM & OXA48: carbapenemases (applies to all Gram-negative organisms)
- •ermB: macrolide resistance (applies only to Gram-positive organisms
- •qnr & gyrA: quinolone resistance (applies to all organisms)
- •tetB & tetM: tetracycline resistance (applies to all organisms)
- •aacC6-aph3 & ant-la-aph2: aminoglycoside resistance (applies to all organisms)
- •sul I, sul II: bactrim resistance (applies to all Gram-negative organisms except Neisseria, Moraxella, Veillonella, Megasphaera, Acidaminococcus, Negativicoccus, Paracoccus, Syntrophococcus, Pseudomonas)
- •TEM, SHV: beta-lactam resistance (applies only to Escherichia coli, Proteus mirabilis, Klebsiella pneumoniae, Klebsiella oxytoca and Klebsiella aerogenes)

Next Generation Sequencing Results

MicroGen Diagnostics' comprehensive testing (patent pending) is a relative quantitative universal test for bacteria/fungi. DNA sequencing methods are used to identify the microorganisms' genetic signatures and the estimated percentage of organisms present in the specimen. Virtually all bacteria/fungi are screened for in a CAP and CLIA accredited laboratory and the most predominant populations are reported.

ANTIBIOTIC CLASSES AND MOST-COMMONLY USED EXAMPLES								
CLASS	GENERIC formulations	CLASS	GENERIC formulations					
Allylamines	Amorolfine; Naftifine	Flucytosine	5-fluorocytosine (Ancobon)					
Aminoglycosides	Gentamycin; Tobramycin	Fluoroquinolones	Norfloxacin(PO); Levofloxacin;					
Aminoglycosides+Aminopenicillins	Ampicillin/Gentamicin		Oxafloxacin(PO); Ciprofloxacin(PO)					
Aminopenicillins	Amoxicillin; Ampicillin(PO)	Glycopeptides	Vancomycin; Teicoplanin					
Antifolates	TMP/SMX	Imidazoles	Ketoconazole(PO); Clotrimazole;					
Anti-Pseudomonal Penicillins	Piperacillin; Nafcillin		Oxiconazole					
Anti-Pseudomonal penicillins/Beta-	Piperacillin/Tazobactam	Lipopeptides	Daptomycin					
lactamase inhibitors		Macrolides	Erythromycin; Azithromycin(PO)					
Anti-tuberculosis	Isoniazid; Rifampin; Streptomycin	Naphthyridones	Nalidixic acid					
Aztreonam	Azactam	Oxacephems	Moxalactam					
Carbapenems	Cilistatin/Imipenem; Meropenem	Penicillins	Penicillin G; Penicillin V(PO)					
Cephalosporins First Gen	Cephalexin(PO); Cefazolin	Polyenes	Natamycin; Amphotericin B					
Cephalosporins Fourth Gen	Cefepime	Polyenes+Flucytosine	Amphotericin B/5-fluorocytosine					
Cephalosporins Second Gen	Cefprozil; Cefotetan	Tetracyclines	Doxycycline(PO); Minocycline					
Cephalosporins Third Gen	Cefixime; Cefdinir; Ceftazidime	Triazoles	Fluconazole(PO); Terconazole					
Cephamycins	Cefoxitin	Triazoles+Echinocandins	Voriconazole/Anidulafungin					
Echinocandins	Caspofugin; Micafungin							
Extended spectrum penicillins /	Amoxicillin / Clavulanate(PO);							
Beta-lactamase inhibitors	Ampicillin / Sulbactam							

Complete Antibiotic Analysis

ANTIBIOTIC DISCLAIMER: Southwest Regional PCR, DBA MicroGen Diagnostics, LLC assumes no liability to patients with respect to the actions of physicians, health care facilities and other users, and is not responsible for any injury, death or damage resulting from the use, misuse or interpretation of information obtained through this antibiotic report. Therapeutic options listed by the program are based upon national antibiotic susceptibility data and antibiograms. Therapy should not be undertaken without a thorough assessment of the indications, contraindications and side effects of any prospective drug or intervention. Furthermore, the database is curated and derived from incidence and prevalence statistics whose accuracy will vary widely for individual diseases and regions of the country. Changes in endemicity, incidence, and drugs of choice may occur. The list of drugs, infectious diseases and even country names will vary with time. Although we endeavor to include such new information on a timely basis, a delay cannot be avoided. For more information please contact us at 855-208-0019.

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DISCLAIMER: (i)This test was developed and performance characteristics have been determined by Southwest Regional PCR Laboratory dba MicroGen DX. It has not been cleared or approved by the U.S.Food and Drug Administration(FDA), however, the FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. Its use should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988(CLIA 88) as qualified to perform high complexity clinical laboratory testing. (ii) A negative result does not rule out the presence of PCR inhibitors, or DNA extraction inhibitors such as lidocaine, in patients' specimens or microbial DNA concentrations below the level of detection of the assay. (iii) This test is performed pursuant to an agreement with Roche Molecular Systems, Inc. (iv) Relative quantitation of swabs refers to analyte load levels of < 10⁵, 10⁵ to 10⁷, and > 10⁷ for low, medium and high respectively. Southwest Regional PCR Laboratory dba MicroGen DX licenses are CLIA 45D1086390 and CAP 7214171.

ANTIBIOTIC ANALYSIS

This antimicrobial recommendation sheet is not based on antibiotic sensitivities but is based on antimicrobial reference guides such as the Johns Hopkins ABX Guide.

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