

RESISTANCE GENES DETECTED

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	Urine 10:00	PHYSICIAN	Sharma, Rajendra
DOB	xx/xx/xxxx	RECEIVED DATE	01/10/2023	PHONE	-
PATIENT ID		REPORTED DATE	01/10/2023 3:17 PM	FAX	-
GENDER	Female	COLLECTED DATE	01/06/2023	ACCESSION	

None **ANTIMICROBIALS FOR CONSIDERATION** LEVEL 1 **PCR REPORT** THIS IS A PRELIMINARY REPORT. **NEXT GENERATION SEQUENCING RESULTS ARE PENDING. THE** REPORT WILL BE AVAILABLE **TYPICALLY IN 3-5 BUSINESS DAYS.** Respiration **Gram Stain** RAPID SCREENING (PCR RESULTS) DNA copies per mL **BACTERIAL LOAD** None **FUNGI DETECTED** ANTIFUNGALS FOR CONSIDERATION

LAB REPORT KEY						
DNA copies per mL:	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.			

all

None



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PATIENT	Atkinson, Rachel	SPECIMEN	Urine 10:00	PHYSICIAN	Sharma, Rajendra
DOB	05/29/1963	RECEIVED DATE	01/10/2023	PHONE	-
PATIENT ID	05291963RA	REPORTED DATE	01/10/2023 3:17 PM	FAX	-
GENDER	Female	COLLECTED DATE	01/06/2023	ACCESSION	662397

L1 UTI PANEL qPCR TESTS FOR BACTERIA			FUNGI	STIs	RESISTANCE GENES		
Enterococcus faecalis	Klebsiella pneumoniae	Streptococcus agalactiae	Candida albicans	None	Vancomycin	Methicillin	
Staphylococcus aureus	Escherichia coli	Mobiluncus curtisii			Extended-Spectrum Beta-	Beta-lactam	
Mobiluncus mulieris	Gardnerella vaginalis	Ureaplasma urealyticum			Lactamase	Tetracycline	
Ureaplasma parvum	Mycoplasma hominis	Prevotella bivia			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)

Rapid Screening (PCR Results)

MicroGen Diagnostics Rapid Screening testing is used to rapidly analyze samples for the most commonly found bacteria and fungi in clinical samples of many different types. The sample composition is identified by quantitative PCR analysis with a specified panel of microorganisms. Bacterial and fungal amounts per mL (or mg) based upon standard curves for each target specific organism and 16S. All tests are performed in a CAP and CLIA accredited laboratory.

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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