

MICROGEN DIAGNOSTICS

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

PATIENT PATIENT NAME SPECIMEN

DOB MM/DD/YYYY RECEIVED

PATIENT ID PATIENT ID COMPLETED

GENDER Female ACCESSION

WOUND PHYSICIAN
MM/DD/YYYY PHONE
MM/DD/YYYY FAX
ACCESSION # COLLECTED

Rohrer, Stephen (###)###-#### (###)###-#### MM/DD/YYYY

RESISTANCE GENES DETECTED

Bactrim

					_	ANT	IMIC	CRC	BIA	LS	FOF	R C	ONS	SIDE	RA	TIO	N		
LEVEL 2 NGS REPORT					-evofloxacin	icillins e.g.	nicillins/Beta- g. Augmentin	/cycline	en e.g.	comycin		an	rem		Amikacin	Gen e.g.		icillins/Beta- g. Zosyn	
COMPREHENSIVE IDENTIFE NEXT-GEN DNA SEQUE RESULTS with PRIOR PCR I	NCING		Gram Stain	Respiration	Fluoroquinolones e.g. Levofloxacin	Anti-Pseudomonal Penicillins e.g. Mezlin	Extended spectrum penicillins/Beta- lactamase inhibitors e.g. Augmentin	Tetracyclines e.g. Doxycycline	Cephalosporins First Gen e.g. Keflex	Glycopeptides e.g Vancomycin	Linezolid (Zyvox)	Mupirocin e.g. Bactroban	Carbapenems e.g. Merrem	Ampicillin/Amoxicillin	Aminoglycosides e.g. Amikacin	Cephalosporins Fourth Gen e.g. Maxipime	Colistin	Anti-Pseudomonal penicillins/Beta- lactamase inhibitors e.g. Zosyn	Aztreonam
COMPLETE (NGS & PCR RESULTS)	DNA copies (N/A)	NGS	ıram	espi															
BACTERIAL LOAD	Med	%	G		РО	IV	PO	PO	РО	IV	РО			РО	IV	IV			
Staphylococcus aureus	Medium	74%	+	FAn	√	√	√	√	√	√	√	√							
Escherichia coli	NGS	18%	-	FAn	√								√	√					
Enterobacter ludwigii	NGS	4%	-	FAn	√								1		√	V	1	√	V
Stenotrophomonas maltophilia	NGS	2%	-	Ae	1	√	√	√							√	√	√		
																			Ш
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FUNGI DETECTED		%				Al	NTIF	-UN	GAI	LS F	-OR	CO	NS	DE	RA1	ΓΙΟΝ			
None																			\vdash
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LAB REPORT KEY								
DNA copies per g:	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



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					-	NT	IMI	CRC)BI	ALS	FOI	۲ C	ONS	SIDE	RA	TIO	N	
LEVEL 2 NGS REPORT					en e.g.													
COMPREHENSIVE IDENTIFICATION NEXT-GEN DNA SEQUENCING RESULTS with PRIOR PCR RESULTS.			Gram Stain	Respiration	Cephalosporins Third Gen e.g. Suprax	Tigecycline	Antifolates e.g Bactrim											
, ,	DNA copies (N/A)	NGS	ram	esbi			R											
BACTERIAL LOAD	Med	%	Ō	Ř	РО		РО											
Staphylococcus aureus	Medium	74%	+	FAn														
Escherichia coli	NGS	18%	-	FAn														
Enterobacter ludwigii	NGS	4%	-	FAn														
Stenotrophomonas maltophilia	NGS	2%	-	Ae	√	√												
FUNGI DETECTED				1		Αl	NTIF	FUN	ΙGΑ	LSI	FOR	CO	NS	DE	RA1	101	1	
None																		
				L			l	<u> </u>		<u> </u>			l	l	l	l	l	

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DOB	MM/DD/YYYY	RECEIVED	MM/DD/YYYY	PHONE	(###)###-####
PATIENT ID	PATIENT ID	COMPLETED	MM/DD/YYYY	FAX	(###)###-####
GENDER	Female	ACCESSION	ACCESSION #	COLLECTED	MM/DD/YYYY

qF	PCR TESTS FOR BACTERIA	L	FUNGI	STIs	RESISTANCE	GENES
Enterococcus faecalis Streptococcus pyogenes Staphylococcus aureus	Klebsiella pneumoniae Enterococcus faecium	Streptococcus agalactiae Pseudomonas aeruginosa	Candida albicans	None	Vancomycin Extended-Spectrum Beta- Lactamase Aminoglycoside Carbapenem Quinolone	Methicillin Beta-lactam Tetracycline Macrolide Bactrim

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.

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 John Hopkins ABX Guide.

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