

UTI Report

Patient: Doe, Jane
Date of Birth: Feb 28, 2000
Sex: Female

Physician: Dr. Amy Miller
NPI #:999999999
Practice: Coriell Sample
Philadelphia, PA

Date Collected: Feb 24, 2019
Date Received: Feb 25, 2019
Date Processed: Feb 25, 2019
Specimen type/Source: Swab
Sample ID: utiabxr1

1. About This Report

This UTI Assay is a urinary tract infection screen that consists of clinical, molecular tests for microorganisms implicated in UTIs.

2. Molecular Diagnostic Results

Urinary Tract Infection		STI	
-	<i>A. baumannii</i>	-	<i>C. trachomatis</i>
-	<i>C. albicans</i>	-	<i>N. gonorrhoeae</i>
-	<i>C. freundii</i>	-	<i>C. albicans</i>
-	<i>E. aerogenes</i>	-	<i>C. glabrata</i>
-	<i>E. cloacae</i>	-	<i>S. agalactiae</i>
H	<i>E. coli</i>		
H	<i>E. faecalis</i>		
-	<i>E. faecium</i>		
M	<i>K. oxytoca</i>		
-	<i>K. pneumoniae</i>		
-	<i>M. morgani</i>		
-	<i>P. aeruginosa</i>		
-	<i>P. mirabilis</i>		
-	<i>P. stuartii</i>		
-	<i>P. vulgaris</i>		
-	<i>S. agalactiae</i>		
M	<i>S. aureus</i>		
-	<i>S. saprophyticus</i>		

3. Antibiotic Treatment Options

The following table shows common treatment options for organisms assayed as present in this sample, combined with any positive or negative assayed resistance markers. "T" indicates a treatment option; "T:R" indicates a treatment option that may be affected by the detected resistance marker(s).

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Abundance	Resistances				
	<i>E. coli</i>	<i>E. faecalis</i>	<i>K. oxytoca</i>	<i>S. aureus</i>	
	H	H	M	M	
† ceftriaxone (AmpC)	-	T:R	-	-	ampC
fosfomycin (Broad-spectrum antibiotic)	T	-	-	-	Not assayed
ampicillin (Extended-Spectrum-Beta lactam)	-	T	-	T	Not assayed
amoxicillin (Extended-Spectrum-Beta lactam)	-	T	-	-	Not assayed
gentamicin (Glycoside)	-	T	-	-	Not assayed
streptomycin (Glycoside)	-	T	-	T	Not assayed
penicillin g (Narrow-Spectrum-Beta lactam)	-	-	-	T	Not assayed
nitrofurantoin (Nitrofurans)	T	T	T	T	Not assayed
linezolid (Oxazolidinone)	-	T	-	-	Not assayed
daptomycin (Peptide)	-	T	-	-	Not assayed
trimethoprim (Pyrimidines)	T	-	-	-	Not assayed
ciprofloxacin (Quinolone and fluoroquinolone)	-	-	T	-	Negative
levofloxacin (Quinolone and fluoroquinolone)	-	-	T	-	Negative
trimethoprim/sulfamethoxazole (Sulfonamides)	T	-	T	-	Not assayed
tigecycline (Tetracyclines)	-	T	-	T	Not assayed
vancomycin (Vancomycin)	-	T	-	T	Negative

† Consider alternate treatment due to detected resistance marker(s).

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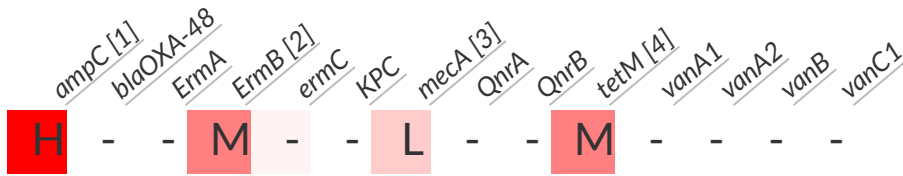
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Antibiotic Resistance

Assayed Resistance Markers



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1. AmpC resistance
2. Macrolide resistance
3. Methicillin resistance
4. tetracycline-resistant ribosomal protection protein

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4. Microorganisms Tested by Coriell Life Sciences

Organism/Assay	ctMean	Presence
<i>A. baumannii</i>	N/A	Not Detected
<i>ampC</i> (AmpC resistance)	14.123	Detected
<i>blaOXA-48</i>	N/A	Not Detected
Broad-range 16s	16.519	Detected
<i>C. albicans</i>	N/A	Not Detected
<i>C. freundii</i>	N/A	Not Detected
<i>C. glabrata</i>	29.501	Not Detected
<i>C. trachomatis</i>	N/A	Not Detected
<i>E. aerogenes</i>	N/A	Not Detected
<i>E. cloacae</i>	N/A	Not Detected
<i>E. coli</i>	14.123	Detected
<i>E. faecalis</i>	14.123	Detected
<i>E. faecium</i>	N/A	Not Detected
<i>ErmA</i>	N/A	Not Detected
<i>ErmB</i> (Macrolide resistance)	23.832	Detected
<i>ermC</i>	30.339	Not Detected
<i>K. oxytoca</i>	22.123	Detected
<i>K. pneumoniae</i>	N/A	Not Detected
KPC	N/A	Not Detected
<i>M. morgani</i>	N/A	Not Detected
<i>mecA</i> (Methicillin resistance)	29.193	Detected
<i>N. gonorrhoeae</i>	N/A	Not Detected
<i>P. aeruginosa</i>	N/A	Not Detected
<i>P. mirabilis</i>	N/A	Not Detected
<i>P. stuartii</i>	N/A	Not Detected
<i>P. vulgaris</i>	N/A	Not Detected
<i>QnrA</i>	N/A	Not Detected

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		Detected
QnrB	N/A	Not Detected
S. agalactiae	N/A	Not Detected
S. aureus	22.123	Detected
S. saprophyticus	N/A	Not Detected
tetM (tetracycline-resistant ribosomal protection protein)	24.079	Detected
vanA1	N/A	Not Detected
vanA2	N/A	Not Detected
vanB	N/A	Not Detected
vanC1	N/A	Not Detected
Xeno	23.555	Detected

Limitation: An absence of detection does not imply the absence of microorganisms other than those listed or does not exclude the possibility that the target sequence is present below the limit of detection. The GRI UTI Report does not take into consideration patient history, drug-drug interactions, drug sensitivity, and/or allergies. It is the responsibility of the physician to determine appropriate drug and dosing choices based on all available data.

Methodology: Array based assays simultaneously detect a wide array of bacteria, viruses, and parasites at analytical sensitivity and specificity >99%.

Disclaimer: These tests were developed and characterized by GRI and interpreted by Coriell Life Sciences, 4747 South Broad Street, Building 101, Suite 222, Philadelphia, PA 19112. The tests in this UTI panel have not been approved by the Food and Drug Administration. The FDA has determined that such approval is not necessary, provided that the laboratory both (1) maintains its good standing as a clinical testing laboratory with all mandatory accrediting bodies, and (2) continually demonstrates that its testing protocols and procedures achieve a high degree of analytical accuracy.

Laboratory Certification: CLIA # SAMPLE

Laboratory Director: John Doe, M.D.

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