

Women's Health Report



GRI Labs • 8445 S Eastern Ave, Las Vegas, NV 89014 • Tel:(702) 463-3784 • Fax: (702) 463-3236
 Web: <https://www.grilabs.com/> • CLIA #29D2093280 • Laboratory Director: Craig Voss M.D.

Patient: Doe, Jane Date of Birth: Jan 01, 1990 Sex: F Recurrent BV: Yes Pregnant: No	Physician: Dr. J. Example, M.D. NPI #:999999999 Practice: GRI Las Vegas, NV	Date Collected: Jul 01, 2018 Date Received: Jul 05, 2018 Date Processed: Jul 07, 2018 Specimen type/Source: Swab Sample ID: demo-2019-04
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1. About This Report

This GRI Women's Health Report is the result of clinical, molecular assays and diagnostic algorithms. The Bacterial Vaginosis assay incorporates quantitative results from multiple pathogenic and non-pathogenic organisms to aid in creating a treatment plan.

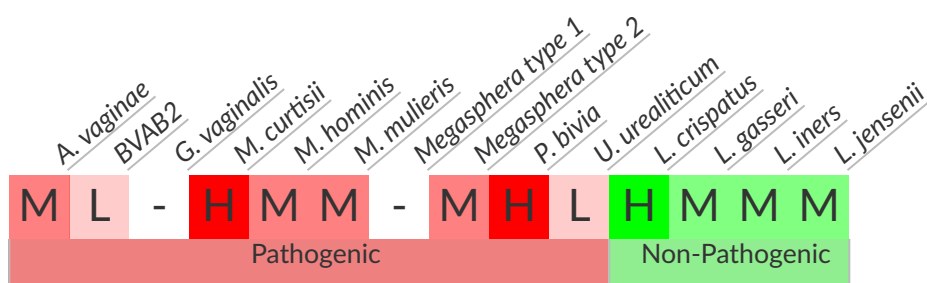
2. Molecular Diagnostic Results

Assay Results		Assay Results	
+ Bacterial Vaginosis	Positive	Gonorrhea	Negative
+ Aerobic Vaginitis	Positive	+ Chlamydia	Positive
+ Candida Albicans	Positive	+ Trichomoniasis	Positive
+ Candida Non-Albicans	Positive	+ Treponema	Positive
+ Group B Strep	Positive	+ Haemophilus ducreyi	Positive
Herpes simplex 1	Negative	Mycoplasma genitalium	Negative
+ Herpes simplex 2	Positive		

3. Bacterial Vaginosis Quantitative Results

Diagnosis of Bacterial Vaginosis is algorithmically resolved based on the pattern and amount of determinant microorganisms assayed in the tested sample. The darker the color, the more of that microorganism present in the sample tested.

Abundance of Assayed Microorganisms:



Legend:

H	H	High
M	M	Medium
L	L	Low
-	-	Absent

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* Treatment options for Vaginitis are based on general recommendations from the AMA and are not intended to be prescriptive for this patient. Appropriate medical judgment should be exercised by the attending physician before prescribing a course of treatment. Portions © 2014-2022, GRI Labs

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4. Next Steps: Treatment Options for Bacterial Vaginosis *

Consider pregnancy status, history of recurrent infection, and any known, specific drug resistance in the treatment of infections.

Bacterial Vaginosis

Retreat with an alternative regimen OR 0.75% metronidazole gel twice weekly for 4–6 months OR oral nitroimidazole 500 mg twice daily for 7 days followed by intravaginal boric acid 600 mg daily for 21 days and then suppressive 0.75% metronidazole gel twice weekly for 4–6 months OR metronidazole, 2 g orally in a single dose with fluconazole 150 mg.

Albicans

Initial acute intravaginal regimen for 7 to 14 days followed immediately by oral fluconazole weekly for 6 months as the first line maintenance regimen.

Non-Albicans

Nonfluconazole azole regimen (oral or topical) for 7 to 14 days OR 600 mg of boric acid in a gelatin capsule administered vaginally once daily for 14 days.

Trichomoniasis

Consider the cause of persistent or recurrent trichomoniasis infection and note that treatment of sexual partners increases cure rate. Metronidazole 500 mg orally twice daily for 7 days. If this fails, consider metronidazole or tinidazole at 2 g orally for 7 days. Tinidazole at 2–3g for 14 days, in combination with intravaginal tinidazole, can be considered in cases of nitroimidazole-resistant infections.

SAMPLE

5. Microorganisms Tested by Coriell Life Sciences

Organism/Assay	ctMean	Presence
<i>A. vaginae</i>	24.555	Detected
<i>B. fragilis</i>	25.555	Detected
BVAB2	27.555	Detected
<i>G. vaginalis</i>	N/A	Not Detected
<i>L. crispatus</i>	15.555	Detected
<i>L. gasseri</i>	21.555	Detected
<i>L. iners</i>	25.555	Detected
<i>L. jensenii</i>	24.555	Detected
<i>M. curtisii</i>	17.555	Detected
<i>M. hominis</i>	24.555	Detected
<i>M. mulieris</i>	22.555	Detected
<i>Megasphaera type 1</i>	N/A	Not Detected
<i>Megasphaera type 2</i>	23.555	Detected
<i>P. bivia</i>	18.555	Detected
<i>U. urealiticum</i>	28.555	Detected

Organism/Assay	Presence
<i>C. albicans</i>	Detected
<i>C. dubliniensis</i>	Detected
<i>C. glabrata</i>	Detected
<i>C. kruseii</i>	Detected
<i>C. lusitaniae</i>	Detected
<i>C. parapsilosis</i>	Detected
<i>C. trachomatis</i>	Detected
<i>C. tropicalis</i>	Detected
<i>E. coli</i>	Detected
<i>E. faecalis</i>	Detected
<i>H. ducreyi</i>	Detected
<i>Herpes simplex 1</i>	Not Detected
<i>Herpes simplex 2</i>	Detected
<i>M. genitalium</i>	Not Detected
<i>N. gonorrhoeae</i>	Not Detected
<i>S. agalactiae</i>	Detected
<i>S. aureus</i>	Detected
<i>T. pallidum</i>	Detected
<i>T. vaginalis</i>	Detected

SAMPLE

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 Coriell Women's Health 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 Coriell Life Sciences and interpreted by Coriell Life Sciences, 4747 South Broad Street, Building 101, Suite 222, Philadelphia, PA 19112. The tests in this Women's Health 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 # 29D2093280

Laboratory Director: Craig Voss M.D.

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