The Pathology Laboratory
830 West Bayou Pines Dr.
Lake Charles, LA 70601
(337) 436-9557 Fax (337) 312-1311
www.thepathlab.com

April 11, 2025

Urine PCR Testing vs. Traditional Culture Testing

We are pleased to offer **Urine PCR Testing** with **next-day results**, providing faster, more accurate diagnoses for your patients.

Why order this test compared to traditional Urine Cultures? PCR can detect genetic material of pathogens even if they are not growing in the sample, unlike urine cultures that require live bacteria for growth. So what does this mean for the patients and the physicians treating them?

Key Benefits:

- **Faster Results:** A specimen collected on Thursday can be tested and resulted by Friday, allowing patients to start antibiotics immediately, **avoiding delays before the weekend.**
- **Precise Diagnosis & Treatment:** PCR testing identifies specific pathogens and antibiotic resistance markers, enabling targeted treatment for better patient outcomes.
- **Antibiotic Resistance Monitoring:** Helps reduce unnecessary broad-spectrum antibiotic use, combating resistance. *Based on these results the final report guides antibiotic therapy.*
- **Drug Selection Algorithm:** Provides clear guidance on the **drugs of choice** based on resistance profiles. *See this information on the top right corner of the second page of the report.*

Insurance Coverage:

We will work with your facility to ensure **insurance reimbursement** for **Urine PCR Testing**, making the process as seamless as possible. Medicare provides reimbursement for this testing! If insurance doesn't cover the test, the patient's financial responsibility will be $70.

For more information on ordering or testing, contact Nicole at nleger@thepathlab.com or 337.312.1256.

See the attached copy of the report.

The Pathology Laboratory

Molecular PCR Summary Lab Report

Final
The Pathology Laboratory
830 Bayou Pines West
Lake Charles, LA 70601
Phone: 337.436.9557
CLIA ID: 19D0461807

CLINIC INFORMATION

Name: The Pathology Laboratory
Address: 830 Bayou Pines West
Lake Charles, LA 70601
Provider: [redacted]

PATIENT INFORMATION

Name: [redacted]
DOB: [redacted] Gender: F
Phone:
Address: 401 DR MICHAEL DEBAKEY DR 2ND FLOOR

SPECIMEN INFORMATION

Accession: [redacted]
Order: [redacted]
Date Collected: 04/08/2025 15:56
Date Received: 04/09/2025
Date Reported: 04/10/2025 06:22

Controls	
Patient Extraction Control [1]	PASS
Endogenous Positive Control [2]	PASS
Pathogen Positive Control [2]	PASS
Pathogen Negative Control [3]	PASS

(1) Endogenous control confirms sample collection, DNA/RNA extraction, and assay enzyme activity
(2) Positive control is synthetic inactive pathogen
(3) Negative control contains primers, probe, and enzymes with no DNA/RNA template
(4) A "Detected" result indicates the presence of a pathogen (99.99% confidence) above the assay cutoff.
Assay cutoff is represented by CFU (bacteria), PFU (viruses) or Copy Number (DNA)

UTI+ w/ABX Resistance Panel

SPM: Urine

GRAM NEGATIVE	
Test Performed	**Result [4]**
Acinetobacter baumannii	Not Detected
Bacteroides fragilis	Not Detected
Citrobacter freundii/braakii	Not Detected
Citrobacter koseri	Not Detected
Providencia stuartii	Not Detected
Enterobacter cloacae	Not Detected
Escherichia coli	Not Detected
Klebsiella aerogenes	Not Detected
Klebsiella oxytoca/michiganensis	Not Detected
Klebsiella pneumoniae	Not Detected
Morganella morganii	Not Detected
Mycoplasma hominis	Detected-Medium
Prevotella bivia	Detected-Medium
Proteus mirabilis	Not Detected
Pseudomonas aeruginosa	Not Detected
Serratia marcescens	Not Detected
Ureaplasma urealyticum	Detected-Low

GRAM POSITIVE	
Test Performed	**Result [4]**
Enterococcus spp	Detected-Medium
Mycoplasma genitalium	Not Detected
Staphylococcus aureus	Not Detected
Staphylococcus epidermidis	Not Detected
Staphylococcus saprophyticus	Not Detected
Streptococcus agalactiae	Not Detected
Streptococcus pyogenes	Not Detected

FUNGI	
Test Performed	**Result [4]**
Candida albicans	Not Detected
Candida dubliniensis	Not Detected
Candida glabrata	Not Detected
Candida krusei	Not Detected
Candida parapsiliosis	Not Detected
Candida tropicalis	Not Detected
Candida auris	Not Detected

ANTIBIOTIC RESISTANCE		
Marker	**Result [4]**	**Comments**
Class A β-lactamase (CTX-M Group 1)	Not Detected	
Class A β-lactamase (KPC)	Not Detected	
Class B metallo-β-lactamase (NDM)	Not Detected	
Methicillin (mecA)	Not Detected	
Quinolone and Fluoroquinolone RM (Qnr)	Not Detected	
Sulfonamides (Sul)	Not Detected	
Trimethoprim (dfrA)	Not Detected	
Vancomycin (vanA)	Not Detected	
Vancomycin (vanB)	Not Detected	

Detected Low = 10,000 CFU/mL Medium = 50,000-100,000 CFU/mL High = 100,000 CFU/mL

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UTI Panel: PCR Results Analysis

The Pathology Laboratory
Lab Director: John VanHoose, M.D.
Phone: 337.436.9557
CLIA ID: 19D0461807

Clinic: The Pathology Laboratory
Provider: [redacted]
Patient: [redacted]
DOB: [redacted]
Gender: F
Accession Number: [redacted]
Date Reported: [redacted]

PATHOGENS DETECTED

Enterococcus spp.
Mycoplasma hominis[1]
Prevotella bivia[1]
Ureaplasma urealyticum[1]

1. Role in UTI unclear.

RESISTANCE DETECTED

None

TOP ALGORITHMIC MATCHES

Fosfomycin (3 g x 1 dose)
Nitrofurantoin (100 mg q12h 5d)
Amoxicillin (500 mg q8h 5d)
Amox-clavulanate (500 mg q8h 5d)
Levofloxacin (250mg q24h 3d)

RISK / ANTIMICROBIALS	Enterococcus	M. hominis (-)	P. bivia (-)	U. urealyticum (-)	ALGORITHMIC RESULTS
PATHOGENICITY					
Fosfomycin	✓	–	–	–	Fosfomycin
Nitrofurantoin	✓	–	–	–	Nitrofurantoin
Amoxicillin	✓	–	○	–	Amoxicillin
Amox-clavulanate	+	–	✓	–	Amox-clavulanate
Linezolid ♦	+	–	–	–	Linezolid
Levofloxacin	○	+	○	+	Levofloxacin
Vancomycin	+	–	–	–	Vancomycin
Ampicillin	+	–	○	–	Ampicillin
Amp-sulbactam	+	–	✓	–	Amp-sulbactam
Pip-tazobactam	+	–	+	–	Pip-tazobactam
Imipenem	+	–	+	–	Imipenem
Daptomycin ♦	+	–	–	–	Daptomycin
Meropenem	+	–	+	–	Meropenem
Ciprofloxacin	–	+	–	+	
Cephalexin	–	–	–	–	
TMP-SMX	–	–	–	–	
Cefdinir	–	–	–	–	
Cefuroxime	–	–	–	–	
Cefixime	–	–	–	–	
Cefpodoxime	–	–	–	–	
Cefazolin	–	–	–	–	

✓ Recommended + Highly Active (ER*≤10%)
✓ Recommended + Mostly Active (ER* 10-20%)
+ Highly Active (ER*≤10%)
+ Mostly Active (ER* 10-20%)
○ Moderately Active (ER* 20-40%)
○ Resistance Detected
– ER*>40% or N/A
(-) Pathogen excluded

*Estimated resistance (ER) is based on local resistance data, adjusted to reflect current testing results. Factors considered include RM expression, resistance determinants specific to each organism, and the collective resistance attributable to undetected resistance markers (for a positive adjustment of susceptibility).

PATHOGENICITY: Bacteria + Detected Resistance Markers

- Low: Common commensal or contaminant. Treat only if symptomatic. If more pathogenic bacteria is present, it may be excluded from algorithmic results (shaded column).
- Medium-low: Likely to cause uncomplicated infections.
- Medium-high: May cause complicated or harder-to-treat infections.
- High: Likely to cause complicated or difficult-to-treat infections due to multiple resistances.
- Critical: Likely to present MDR with few treatment options. For complicated infections,infectious disease consultation is recommended.

ANTIBIOTICS: Adverse Effects Risk

- Low: Generally well-tolerated.
- Medium-low: Some risk of adverse effects.
- Medium-high: Elevated risk of adverse effects.
- High: Significant risk, may include FDA boxed warnings.
- Highest: Greatest risk of adverse effects.
- ♦ Precious Antibiotic: Use only if out of options.

For questions or comments, please scan the QR code, or go to **igniteabx.com/contact/**

For educational purposes only: The information provided in this report is not intended as a recommendation for treatment. It is generated algorithmically from testing results and does not account for all patient-specific variables. Please consider all relevant factors before prescribing a treatment regimen.