



Alpharetta GA 30004
2001 Westside Pkwy Ste 240
(855)374-5227 option 2

Sales & Service

Sample Doctor
2001 Westside Parkway STE 240
Alpharetta GA 30004

Accession: **20150401001**
Patient: **Patient Sample**
Date of Birth:
Collection Date: **10/11/2018**
Completion Date: **10/16/2018**
Ref ID:

Patient Report - Stool

Bacteria Results

<i>Campylobacter</i>	Not Detected
<i>Clostridium difficile</i> toxin A/B	Not Detected
<i>E. coli</i> O157	Detected
<i>Plesiomonas shigelloides</i>	Not Detected
<i>Salmonella</i>	Detected
<i>Vibrio</i>	Not Detected
<i>Vibrio cholerae</i>	Not Detected
<i>Yersinia enterocolitica</i>	Not Detected

Diarrheagenic E. coli/Shigella Results

Enteroaggregative <i>E. coli</i> (EAEC)	Not Detected
Enteropathogenic <i>E. coli</i> (EPEC)	Not Detected
Enterotoxigenic <i>E. coli</i> (ETEC) lt/st	Not Detected
Shiga-like Toxin <i>E. coli</i> (STEC) stx 1/stx 2	Not Detected
<i>Shigella</i> /Enteroinvasive <i>E. coli</i> (EIEC)	Not Detected

Parasites Results

<i>Cryptosporidium</i>	Not Detected
<i>Cyclospora cayetanensis</i>	Not Detected
<i>Entamoeba histolytica</i>	Not Detected
Giardia	Not Detected

Viruses Results

Adenovirus F 40/41	Detected
Astrovirus	Not Detected
Norovirus GI/GII	Not Detected
Rotavirus A	Not Detected
Sapovirus	Not Detected

GI Health Markers by ELISA

	Units	Cutoff	Value	Results
Anti-gliadin IgA	U/L	100	> 300	High
Calprotectin	µg/g	160	> 1800	Abnormal
Elastase	µg/mL	200	> 708	Normal
Fecal fat				Normal
<i>Fecal Occult Blood</i> (FOBT)				Not Detected
<i>H. pylori</i> stool antigen				Positive
Lactoferrin	ng/mL	7	> 100	High

Antibiotic Resistance by PCR

β-lactamase (<i>bla</i> TEM)	Not Detected
Fluoroquinolones (<i>qnr</i>)	Detected
Imidazole (<i>nimA</i>)	Not Detected
Nitroimidazole (<i>nimD</i>)	Not Detected
Vancomycin (<i>vanA</i>)	Not Detected
Vancomycin (<i>vanB</i>)	Not Detected



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Comments: Information on Specific Testing and Methodologies Used

Please note: The results indicated on this report represent organisms that may be commensal and normally found in a given patient, particularly given his or her environmental exposures. A positive value does not confirm a specific illness. Values given here should always be interpreted in concert with the greater clinical picture for an individual patient. Any laboratory value should never be taken in isolation without careful clinical judgement.

GIP Panel - Qualitative (Negative / Positive)

The results of the GIP tests indicated on the report represent the presence of nucleic acid of the organism in the total nucleic acid extracted from patient stool sample and not necessarily a confirmation of active infection. Antibiotic resistance panel will be offered as a reflex for a positive bacterial identification. A positive result indicates an antibiotic resistant genotype in the sample. This may lead to that particular antibiotic being less effective if prescribed for treatment. A positive result for *C. difficile* will trigger a *C. difficile* A + B Only test that will further help identify the toxin type of the bacteria. Patients positive for B only may have a more severe presentation of their infection than patients positive for both A & B.

Calprotectin - Ref interval - Normal (≤ 80 ug/g)

<80: values are not indicative of active inflammation of gastrointestinal tract. 80-160: gray area, values are not directly indicative of gastrointestinal inflammation. Test should be re-evaluated in 4-6 weeks. 160> indication of Neutrophil infiltration in the gastrointestinal tract, therefore it may be indication of Inflammation.

Fecal Fat - Qualitative (Normal / Increased)

Increased levels of fecal fat are indicative of disorders which interfere with the absorption of fat in the digestive system. Increased fat levels can indicate disorders of pancreatic function as well as disorders affecting the lining of the gut. Fecal fat levels should be used as part of a broad clinical assessment.

Lactoferrin - Reference Interval - Normal (< 7 ug/mL)

Fecal Lactoferrin should not be interpreted as absolute evidence for the presence of a gastrointestinal illness. Prediction of active and inactive disease should be based on a complete clinical evaluation of the patient that may also include multiple fecal Lactoferrin level determinations. Other intestinal ailment, including many gastrointestinal infections and colorectal cancer, often result in elevated levels of Lactoferrin in fecal samples. Lactoferrin results should be part of an overall clinical assessment.

Anti-gliadin Antibody - Reference interval - Normal (< 100 U/L)

Gliadin is a major protein component of gluten, and detection of antibodies to gliadin in stool may be indicative of celiac disease. However, individuals without celiac disease may also produce anti-gliadin antibodies. Elevated levels of gliadin antibodies should be used as part of a broad clinical assessment.

Pancreatic Elastase - Reference Interval - Normal (> 200 ug/mL)

Detection of low levels of pancreatic enzyme (PE) can be indicative of pancreatic insufficiency. Pancreatic insufficiency can be caused by diabetes, gallstones, osteoporosis, cystic fibrosis, and can also be used to monitor exocrine pancreatic function caused by chronic pancreatitis, autoimmune pathologies and connective tissue diseases and chronic inflammatory bowel disease (IBD). Increased levels of PE can also be caused by diet and the pancreatic elastase test should be part of a broad clinical assessment.

C. difficile A + B Only - Qualitative (Negative / Positive)

Recent research has demonstrated that the causative agent of *C. difficile* virulence are toxins A & B. Patients positive for B only may have a more severe presentation of their infection than patients positive for both A & B.

Helicobacter pylori (*H. pylori*) - Qualitative (Negative / Positive)

The *H. pylori* molecular test indicates the presence of *H. pylori* through the amplification of a *H. pylori* specific genetic region.

Helicobacter pylori Stool Antigen - Qualitative (Negative / Positive)

A negative result indicates the absence of *H. pylori*, or antigenic level below the limit of detection for the assay. A positive result indicates an active response to *H. pylori*. Positive results 7 or more days after starting treatment may indicate a failure in treatment approach. A negative result more the 4 weeks after treatment begins indicates eradication of the infection. A patient who has taken antimicrobials and other inhibiting medications may exhibit false negatives. Test may be repeated 2 weeks after ending treatment regime with these medications.

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