

Patient

Patient Name: Subject ID 123-4
Date of Birth: 02-22-1942
MRN/Patient #: 1234-1

Specimen

Specimen #: 123-456-789
Collection Date: 08-10-2022
Received Date: 08-11-2022
Report Date: 08-13-2022
Specimen Type: Clean catch urine
Mdxhealth Accession #: A00000

Account

Physician: TEST Dr.
Account: mdxhealth
Address: 12345 Alton
City, State, Zip: Irvine, CA 92618

PATIENT RESULT: PATHOGENIC DNA DETECTED

Organism(s) Detected

Organism(s) Detected	CFU/ml
Escherichia coli	≥100,000 CFU/ml
Enterococcus faecalis	≥100,000 CFU/ml

Resistance Gene(s) Detected

Resistance Gene(s) Detected	Antimicrobial Resistance
Vancomycin Resistance Gene (VRE)	Vancomycin

Patient Susceptible Antimicrobials

- Fosfomycin PO
- Amoxicillin-clavulanate PO
- Norfloxacin PO
- Doxycycline PO/IV
- Ciprofloxacin PO/IV
- Levofloxacin PO/IV
- Ampicillin PO/IM/IV
- Minocycline PO/IV

Patient Susceptibility Report

Report Key

S = Susceptible I = Intermediate R = Resistant SDD = Susceptible-Dose Dependent

***R = Supportive data and not patient specific N/A = Detected organism has variable results to that specific antibiotic**

Antimicrobials	Formulation	Antimicrobial Phenotypic Susceptibility	Escherichia coli	Enterococcus faecalis	Antimicrobials	Formulation	Antimicrobial Phenotypic Susceptibility	Escherichia coli	Enterococcus faecalis
Fosfomycin	PO	S	✓	✓	Piperacillin-tazobactam	IV	R	✓	
Amoxicillin-clavulanate	PO	S	✓	✓	Cefaclor	PO	R	✓	
Norfloxacin	PO	S	✓	✓	Cefazolin	IM/IV	R	✓	✓
Doxycycline	PO/IV	S	✓	✓	Cefdinir	PO	R	✓	✓
Ciprofloxacin	PO/IV	S	✓	✓	Cefepime	IM/IV	R	✓	
Levofloxacin	PO/IV	S	✓	✓	Cefoxitin	IM/IV	R	✓	
Ampicillin	PO/IM/IV	S	✓	✓	Ceftriaxone	IM/IV	R	✓	
Minocycline	PO/IV	S	✓	✓	Cephalexin	PO	R	✓	
Tetracycline	PO/IV	I	✓	✓	Gentamicin	IM/IV	R	✓	
Nitrofurantoin	PO	I	✓	✓	Meropenem	IV	R	✓	
Linezolid	PO	I	✓	✓	Ofloxacin	PO/IM/IV	R	✓	
Ampicillin-sulbactam	IV	R	✓	✓	Trimethoprim-sulfamethozazole	PO/IV	R	✓	✓
Aztreonam	IV	R	✓		Vancomycin	IV	R		

Information About the Table:

Green checkmarks indicate there is supportive evidence from the Sanford Guide that the antibiotic, either FDA approved or off label, can be used for treatment. The Sanford Guide (<https://webedition.sanfordguide.com/en>) provides treatment guidelines for infection by bacterial pathogens only. Treatment options are not intended to be prescriptive for any specific patient. Appropriate medical judgment should be exercised by the attending physician before prescribing a course of treatment.

Patient Name: FIRST & LAST **DOB: 02-22-1942**

RESISTANCE GENE(S) TESTED - NOT DETECTED:

Extended Spectrum Beta Lactamase, Methicillin, Fluoroquinolone, Carbapenem, Trimethoprim

ORGANISM(S) TESTED - NOT DETECTED:

BACTERIA:

- **Acinetobacter baumannii**
- **Citrobacter koseri**
- **Citrobacter freundii**
- **Enterobacter cloacae**
- **Enterococcus faecium**
- **Klebsiella aerogenes**
- **Klebsiella oxytoca**
- **Klebsiella pneumoniae**
- **Morganella morganii**
- **Proteus mirabilis**
- **Pseudomonas aeruginosa**
- **Serratia marcescens**
- **Staphylococcus aureus**
- **Staphylococcus epidermidis**
- **Staphylococcus saprophyticus**
- **Streptococcus pyogenes**

YEAST:

- **Candida albicans**

Disclaimer:

Mdxhealth is regulated under the Clinical Laboratory Improvement Amendments (CLIA) as an accredited laboratory to perform high complexity clinical testing. The Resolve mdx test was developed, and its performance characteristics determined by mdxhealth. It has not been cleared or approved by the US Food and Drug Administration. The FDA has determined such clearance or approval is not necessary. Use outside of this indication has not been validated by mdxhealth. Test results should be interpreted in conjunction with other laboratory and clinical data available to the clinician and relevant guidelines on the decision for Urinary Tract Infection.

Methodology and Clinical Significance:

Specimens received greater than 5 days post collection may give unreliable cells/mL counts due to overgrowth of microorganism(s). Microorganisms and Resistance Genes are detected through multiplex PCR. Bacterial pathogens detected at "<10,000" colony forming unit(s) per milliliter of urine are reported as "no pathogenic DNA detected." Bacterial pathogens detected at "10,000-99,999" or "≥100,000" colony forming unit(s) per milliliter of urine are reported as "pathogenic DNA detected." Yeast pathogens detected at "<1,000" colony forming unit(s) per milliliter of urine are reported as "no pathogenic DNA detected." Yeast pathogens detected at "1,000-9,999" or "≥10,000" colony forming unit(s) per milliliter of urine are reported as "pathogenic DNA detected." Resistance genes are reported as "detected" or "not detected." Antimicrobial susceptibility is determined by testing the whole urine polymicrobial population against a panel of antimicrobial agents. Antimicrobial susceptibility is reported as "S" = Susceptible, "I" = Intermediate, "R" = Resistant, and "SDD" = Susceptible-Dose Dependent. Additional result types include: "*R" = indicates a situation where use of an antimicrobial has supportive data based on FDA-approval or off label use for the antimicrobial that is described in peer reviewed literature and is not patient specific, or "N/A" = indicates that the detected organism(s) has variable results to that specific antimicrobial agent.

This test was performed by Delta Laboratories LLC dba mdxhealth Central, 7000 Preston Road, Suite 1500, Plano, TX 75024. CLIA# 45D2229819



Joseph L. Sailors, MD, Laboratory Director

General information about Urinary Tract Infection can be found at www.mdxhealth.com. If you have any questions regarding this report, please contact mdxhealth Client Services at 866.259.5644 or client.services@mdxhealth.com.

