

Doe, John A.

Date Of Birth: 09/20/1961
Gender: Male

**Ordering Provider
(ODNA0001)**

Sample Information

Accession: 00000001
Specimen: Oral Rinse
Collected: 06/27/2009 07:08

Received: 06/27/2009 07:08
Reported: 06/30/2009 21:45
Printed: 07/06/2009 08:22

Result: POSITIVE - 5 PATHOGENIC BACTERIA REPORTED ABOVE THRESHOLD

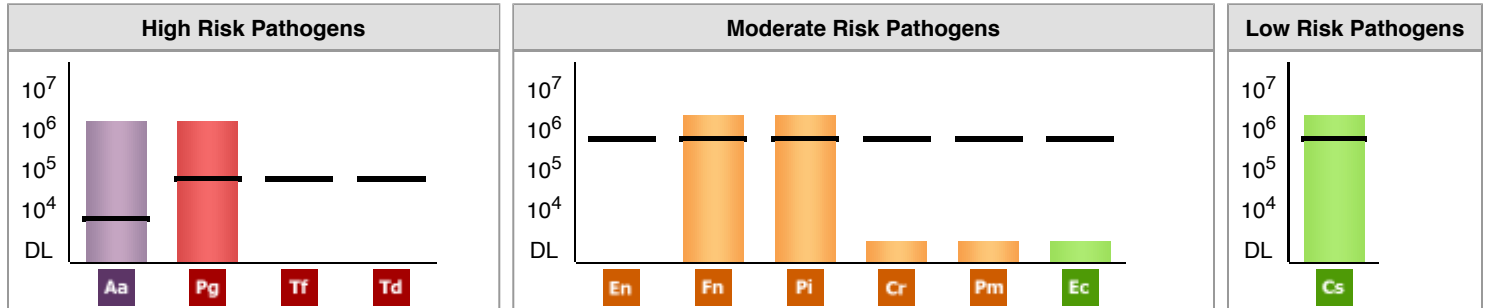
Aa Pg Fn Pi Cs

Bacterial Risk: HIGH - Very strong evidence of increased risk for attachment loss

Legend

— = Pathogen Load Threshold*
DL = Detection Limit

Result Interpretation: Periodontal disease is caused by specific, or groups of specific bacteria. Threshold levels represent the concentration above which patients are generally at increased risk for attachment loss. Bacterial levels should be considered collectively and in context with clinical signs and other risk factors.



Pathogen

Result

Clinical Significance

Aa Aggregatibacter actinomycetemcomitans	High	Very strong association with PD: Transmittable, tissue invasive, and pathogenic at relatively low bacterial counts. Associated with aggressive forms of disease.
Pg Porphyromonas gingivalis	High	Very strong association with PD: Transmittable, tissue invasive, and pathogenic at relatively low bacterial counts. Associated with aggressive forms of disease.
Fn Fusobacterium nucleatum/periodonticum	High	Strong association with PD: adherence properties to several oral pathogens; often seen in refractory disease.
Pi Prevotella intermedia	High	Strong association with PD: virulent properties similar to Pg; often seen in refractory disease.
Cs Capnocytophaga species (gingivalis, ochracea, sputigena)	High	Some association with PD: Frequently found in gingivitis. Often found in association with other periodontal pathogens. May increase temporarily following active therapy.
Cr Campylobacter rectus	Low	Moderate association with development of PD: usually found in combination with other suspected pathogens in refractory disease.
Pm Peptostreptococcus (Micromonas) micros	Low	Moderate association with PD: detected in higher numbers at sites of active disease.
Ec Eikenella corrodens	Low	Moderate association with PD: Found more frequently in active sites of disease; often seen in refractory disease.

Not Detected:

(Tf) Tannerella forsythia, (Td) Treponema denticola, (En) Eubacterium nodatum

Additional information is available from MyOralDNA.com on Interpreting Results

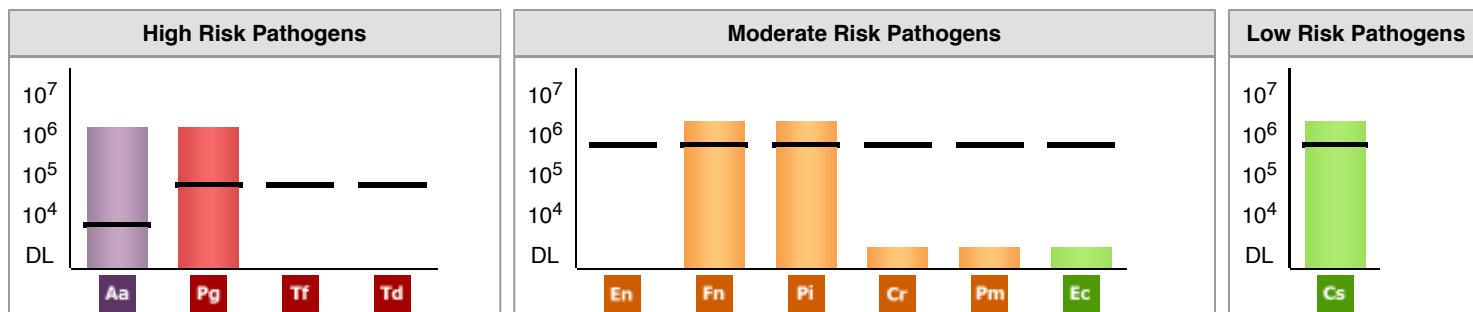
Methodology: Genomic DNA is extracted from the submitted sample and tested for 13 bacteria associated with periodontal disease. The bacteria are tested by polymerase chain reaction (PCR) amplification followed by fluorescent endpoint detection of sample bacterial concentrations (e.g. 10³ = 1000 bacteria copies per amplified reaction). *Modified from: Microbiological goals of periodontal therapy; Periodontology 2000, Vol. 42, 2006, 180-218.

Disclaimer: 1. OralDNA is not liable for any outcomes arising from clinician's treatment protocols and decisions. Dentists should consult with a periodontist or patient's physician when infections are advanced or as indicated by patient's medical condition. 2. OralDNA is not responsible for inaccurate test results due to poor sample collection. 3. This test was developed and its performance characteristics determined by OralDNA Labs, Inc pursuant to CLIA requirements. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.

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Treatment Considerations

☒ **Office Periodontal Therapy:** Protocols to disrupt biofilm and reduce pathogens.

☒ **Systemic Antibiotic Option to Augment Therapy at Clinician's Discretion:**

Clinician to determine if local antimicrobials (e.g. Chlorhexidine) and/or local antibiotics (e.g. Arestin) are sufficient to resolve infection.

Published guidelines suggest (subject to allergy, drug interaction, and other medical considerations) the following as a possible adjunct to treatment based on patient's bacterial profile: Amoxicillin 500 mg tid 8 days and Metronidazole 500 mg bid 8 days.

Note: Doctor is responsible for patient therapy. Complete dental and medical history (e.g. pregnancy, diabetes, immuno-suppression, other patient medications) should be considered when prescribing. Antibiotics may impact other medications (e.g. birth control pills) and may have adverse side effects.

☒ **Home Care:** Office recommended procedures to daily disrupt biofilm and reduce pathogens.

☒ **Reassessment:** Compare clinical signs and bacterial levels pre- and post-treatment.
- A 2nd sample should be collected six to eight weeks post-therapy.

Additional Risk Factors

Clinical	Diagnostic	Medical
BOP <input type="checkbox"/>	Localized <input type="checkbox"/>	Family History of PD <input type="checkbox"/>
Inflammation/Swelling <input checked="" type="checkbox"/>	Generalized <input checked="" type="checkbox"/>	Pregnant/Nursing <input type="checkbox"/>
Bone Loss <input type="checkbox"/>	Type V Refractory Periodontitis; ADA Code 4900 <input type="checkbox"/>	Immunosuppressed <input type="checkbox"/>
Redness/Discoloration <input type="checkbox"/>	Type IV (>6mm); Advanced Periodontitis; ADA Code 4800 <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Halitosis/Malodor <input type="checkbox"/>	Type III (4-6mm); Moderate Periodontitis; ADA Code 4700 <input type="checkbox"/>	Cardiovascular Disease <input checked="" type="checkbox"/>
	Type II (3-4mm); Mild Periodontitis; ADA Code 4600 <input checked="" type="checkbox"/>	Current Smoker <input type="checkbox"/>
	Type I (1-3mm); Gingivitis; ADA Code 4500 <input type="checkbox"/>	
	Good Periodontal Health <input type="checkbox"/>	

Antibiotic Allergies: None Reported

Additional Clinical Information: This patient has a test sample note and test note attached.

Tooth Numbers	3	9	14	19	24	30
Pocket Depths	3mm	3mm	4mm	3mm	2mm	3mm

Additional information is available from MyOralDNA.com on:

Interpreting Results	Office Periodontal Protocols	Patient Home Care Steps
Patient Reassessment	Using OralDNA	The Oral-Systemic Connection

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