



# PCR CLIENT SERVICES MANUAL

# WELCOME LETTER

Dear Customer,

Thank you for trusting Streamline Scientific for your molecular, microbiology, and toxicology testing. As a physician-founded company, we are passionate about the services we provide and know that the appropriate diagnostic information informs your decision making, and improves patient care.

Since our start in 2011, we have focused on simplifying the delivery of molecular technologies for both medical practices and patients. We do this by arming clinicians with the insights needed to prescribe the most appropriate treatment - within 24 hours.

Our sister organization, Molecular Designs, is a leading developer and manufacturer of PCR assays. In March of 2020, upon the news of the novel coronavirus, Molecular Designs was one of the first of 5 labs in the nation to submit an EUA and be granted FDA authorization.

This spirit of innovation continues today, developing novel tests to meet market needs and exploring new ways to better serve our many Alabama-based customers. Several of the elements that define the "Streamline Difference" include:

- Industry-leading technology and customer portal
- EMR integrations
- Unmatched customer support and dedicated team
- Door-to-door courier service
- An improved patient experience with multiple tests from a single swab

You are in exceptional hands with our Business Development and Client Relations teams, and the enclosed documentation will serve as a useful resource.

Should you have any questions or input on how we can better serve you, please don't hesitate to contact me directly.

Sincerely yours,



**SHAWN HOOD**

President

[shood@StreamlineSci.com](mailto:shood@StreamlineSci.com)

# DIRECTORY



## BIRMINGHAM

2868 Acton Road  
Suite 207  
Birmingham, AL 35243

CLIA – 01D2074949  
COLA – 25348



## AUSTIN

13413 Galleria Circle  
Suite Q-140  
Bee Cave, TX 78738

CLIA – 45D2268534  
COLA – 32244

## CLIENT SERVICES CONTACT INFORMATION

Monday – Sunday: 8AM – 5PM

Email: [clientservices@streamlinesci.com](mailto:clientservices@streamlinesci.com)

Toll Free: 855.319.4459

Fax: 877.796.6185

## BILLING SERVICES CONTACT INFORMATION

Email: [patientbilling@streamlinesci.com](mailto:patientbilling@streamlinesci.com)

Local: 855.319.4459

## LAB OPERATIONS

7 days a week

(Any holiday closures will be announced in advance and posted on [streamlinesci.com](http://streamlinesci.com))

# SAMPLE COLLECTION GUIDELINES

## COLLECTION CONTAINERS

- Nest Urine Specimen Collection Instructions
  - Synthetic Flocked Swab with Liquid Amies Transport buffer
  - Biotech Saline Swab (Nasopharyngeal/ Oropharyngeal) – COVID and Respiratory Panels ONLY
  - Urine Vacutainers - Urine culture specimens only
  - Sterile Toxicology Cup with temperature strip (They are called: Clicktainer Vial, Temperature Strip Label, Assembled) – Toxicology Samples Only
  - Sterile Dry Tubes (They are called: Transport Tube, 5ml, Capped, Self-Standing, Sterile, case 50) – Fungal Infection Panel ONLY
- .....

## SPECIMEN TYPE CONSIDERATIONS

### PCR Testing:

- Swabs – Ideal samples are taken from the source of the potential infection. Ex. Nasopharyngeal, oropharyngeal, throat, superficial/subdermal wounds, vaginal tract, etc.
- Urine – If sending in urine specimens, **clean-catch urine** is required for UTI. Clean-catch urine is not recommended for STI or Candida testing.

### Antimicrobial Susceptibility Testing:

- Swabs – Can be used from most sources. For pure nasal swabs, only culturing performed (Antimicrobial Susceptibility Testing is not recommended for nasal swabs due to the lack of clinical significance).
- Urine (bacteriostatic preservative) – No special requirements.

## REJECTION CRITERIA

### General criteria (applicable to all test and sample types):

- Specimen is unlabeled or improperly labeled. Properly labeled includes two patient identifiers matching submitted requisition form.
- Requisition form is missing or incomplete.
- Specimen is improperly sealed, resulting in leakage and possible contamination during transport.
- Incorrect specimen type for selected panel.
- Insufficient sample volume for testing.

### Swab Specimens:

- Swab specimens received with no original swab present in tube.
- Dry swab with no buffer present in tube.

### Urine Specimens for UTI Testing:

- Urine specimens submitted in Aptima buffer or other container with no bacteriostatics preservative.

### PCR Testing (any panel):

- Specimens received after 5 days post-collection.

### Culturing and Antimicrobial Susceptibility Testing:

- Swab specimens received after 2 days post-collection.
- Swab specimens received in a non-liquid Amies buffer (such as viral transport medium). Nest ITM not accepted.
- Nasal swab specimens (exceptions – see specimen type considerations).
- Urine specimens received after 3 days post-collection.
- STI or Vaginitis specimens – Antimicrobial Susceptibility Testing is not available.

## GENERAL DISCLAIMERS

**Applies to all patient specimens submitted to Streamline Scientific:** Proper patient identification and accurate specimen labeling is required per CLIA (Clinical Laboratory Improvement Amendment). Streamline Scientific has determined the analytical performance characteristics of the molecular tests. They have not been cleared or approved by the U.S. Food and Drug Administration. It is preferable that all specimen types are received within 2 days of collection. They will need to be received within the specimen stability range stated by the manufacturer of the collection device measured from the time of collection to time of receipt for laboratory testing, to prevent a disclaimer on the test report.

## 1 Patient Information

Last Name / First Name /

Address /

City / State / Zip /

Phone /

DOB /

SSN /

Insurance /

Subscriber ID /

Group # /

Bill to:  Insurance  Facility  
 Uninsured

Male  
 Female

Race:  
 Asian  
 Black  
 Caucasian  
 Hispanic  
 Native American  
 Other  
 N/A

Ethnicity:  
 Hispanic  
 Non-Hispanic  
 N/A

## STEP 1

## 3 Medical Necessity

As part of my antibiotic stewardship policy, I find it medically necessary to rapidly determine antibiotic sensitivity in order to treat with the most appropriate and timely data available. Empiric treatment and antibiotic use (50% according to the CDC) can have serious consequences.

Provider Signature /

Verbal Order  
 Standing Order

## 5 Panel List

COVID-19 Only  
 COVID/Flu/RSV  
 Influenza A & B  
 RSV (types A & B)  
 COVID Respiratory Lite (includes all the pathogens in the panel)  
 Haemophilus influenzae  
 Moraxella catarrhalis  
 Mycoplasma pneumoniae  
 Strep. pyogenes (Group A)

COVID Respiratory (includes all the pathogens in the panel)  
 Adenovirus  
 Bocavirus  
 Bordetella pertussis  
 Chlamydophila pneumoniae  
 Coronavirus (229E, HKU1, NL63, OC43)  
 EBV (mononucleosis)  
 Enterovirus  
 HMPV A & B  
 Parainfluenza virus (type 1-4)  
 Rhinovirus (types A & B)  
 Staphylococcus aureus  
 Streptococcus pneumoniae

COVID Respiratory Plus (includes all the pathogens in the panel)

Acinetobacter baumannii  
 Enterobacter cloacae  
 Klebsiella aerogenes  
 Klebsiella pneumoniae  
 Legionella pneumophila  
 Proteus mirabilis  
 Pseudomonas aeruginosa  
 Serratia marcescens  
 Staphylococcus aureus  
 Staphylococcus epidermidis  
 Staphylococcus saprophyticus  
 Strep. pyogenes (Group A)  
 ABX Resistance Markers  
 β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 metallo-β-lactamase (blaNDM)  
 Fluoroquinolones  
 Meticillin/Oxacillin (mecA)  
 Sulfonamides  
 Trimethoprim

ICD 10 CODES  
 R09.81 Congestion  
 J02.9 Pharyngitis  
 Z20.89 Exposure  
 R05.9 Cough, unspecified

COVID VACCINATION STATUS:  
 Z28.311 Partially vaccinated for COVID-19  
 Z28.310 Unvaccinated for COVID-19  
 Z28.39 Other underimmunization status

SPECIMEN SOURCE  
 Nasal Swab  
 Ear Swab  
 Nasopharyngeal Swab  
 Oropharyngeal Swab  
 Sputum  
 Other:

UTI w/ ABX Resistance

Acinetobacter baumannii  
 Bacteroides fragilis  
 Citrobacter braakii/  
 freundii  
 Citrobacter koseri  
 Enterobacter cloacae  
 Enterococcus spp.  
 Escherichia coli  
 Klebsiella aerogenes  
 K. oxytoca/michiganensis  
 Klebsiella pneumoniae  
 Morganella morganii  
 Proteus mirabilis  
 Pseudomonas aeruginosa  
 Serratia marcescens  
 Staphylococcus aureus  
 Staphylococcus epidermidis  
 Staphylococcus  
 saprophyticus  
 Strep. pyogenes (Group A)  
 ABX Resistance Markers  
 β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 metallo-β-lactamase (blaNDM)  
 Fluoroquinolones  
 Meticillin/Oxacillin (mecA)  
 Sulfonamides  
 Trimethoprim

UTI Plus (includes all the pathogens in the panel)

Candida albicans  
 Candida dubliniensis  
 Candida glabrata  
 Candida krusei  
 Candida parapsilosis  
 Candida tropicalis  
 Mycoplasma genitalium  
 Mycoplasma hominis  
 Neisseria gonorrhoeae  
 Prevotella bivia  
 Staphylococcus aureus  
 Strep. agalactiae (Group B)  
 Ureaplasma urealyticum

ICD 10 CODES  
 R35.0 Frequency of Micturition  
 Z22.39 Carrier of other specified bacterial disease  
 R30.0 Dysuria  
 N30.00-Acute cystitis without hematuria  
 N30.20 Other chronic cystitis w/o hematuria  
 N41.0-Acute prostatitis

SPECIMEN SOURCE  
 Clean catch urine  
 Urethral swab

Wound/Derm w/ ABX Resistance

Acinetobacter baumannii  
 Bacteroides fragilis  
 Citrobacter braakii/  
 freundii  
 Citrobacter koseri  
 Enterobacter cloacae  
 Enterococcus spp.  
 Escherichia coli  
 Klebsiella aerogenes  
 K. oxytoca/michiganensis  
 Klebsiella pneumoniae  
 Morganella morganii  
 Proteus mirabilis  
 Pseudomonas aeruginosa  
 Serratia marcescens  
 Staphylococcus aureus  
 Staphylococcus epidermidis  
 Staphylococcus  
 saprophyticus  
 Strep. pyogenes (Group A)  
 ABX Resistance Markers  
 β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 metallo-β-lactamase (blaNDM)  
 Fluoroquinolones  
 Meticillin/Oxacillin (mecA)  
 Sulfonamides  
 Trimethoprim

ICD 10 CODES  
 L08.9 Local infection of the skin and subcutaneous tissue, unspecified  
 Z22.39 Carrier of other specified bacterial diseases  
 Z22.322 Carrier or suspected carrier of MRSA

SPECIMEN SOURCE  
 Aspiration  
 Other:

## 2 Provider Information

Client Name / Account /

Address / APT# /

City / State / Zip /

Phone /

## STEP 2

Ordering Provider /

Specimen Collected /

State Collected /

Collection Date /  
 Collection Time /

## 4 Provider Information

The information I have provided on this form is accurate. I authorize Streamline Scientific to release this information to your facility. I hereby agree to be responsible for services I receive from Streamline Scientific and to pay Streamline Scientific for all co-pays and fees. I understand Streamline Scientific is out of network for most payers.

## STEP 4

Patient Signature /

Date /

## 6 Please indicate if your patient has taken antibiotics in the past 72 hours.

Yes  No

## STEP 6

Antibiotic Resistance  
 β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 metallo-β-lactamase (blaNDM)  
 Fluoroquinolones  
 Z22.322 Carrier or suspected carrier of MRSA  
 ICD 10 CODES  
 Z16.19 Resistance to other specified Beta Lactam antibiotics

Methicillin/Oxacillin (mecA)  
 Sulfonamides  
 Trimethoprim  
 Vancomycin (vanA, vanB)

ICD 10 CODES  
 R06.0 Acute vaginitis  
 N89.8 Other specified noninflammatory disorders of vagina  
 R36.9 Urethral discharge unspecified  
 Z30.9 Encounter for contraceptive management

SPECIMEN SOURCE  
 Urine  Other:

Gastrointestinal  
 Adenovirus  
 Astrovirus  
 Campylobacter coli/jejuni/lari  
 Clostridium difficile  
 E. coli (VTEC, O157)  
 Norovirus (GI/GII)  
 Rotavirus  
 Salmonella spp.  
 Sapovirus  
 Shigella spp.  
 Yersinia enterocolitica

ICD 10 CODES  
 R19.7 Diarrhea, unspecified  
 A06.0 Acute Diarrhea  
 R05.9 Fever  
 E60.0 Dehydration

SPECIMEN SOURCE  
 Rectal Swab  Other:  
 Stool Specimen

Candida  
 Candida albicans  
 Candida dubliniensis  
 Candida glabrata  
 Candida krusei  
 Candida lusitaniae  
 Candida parapsilosis  
 Candida tropicalis

ICD 10 CODES  
 N76.0 Acute  N89.8 Other specified noninflammatory disorders of vagina

SPECIMEN SOURCE  
 Nail Clipping  Other:  
 Skin Scraping

Candida  
 Candida albicans  
 Candida dubliniensis  
 Candida glabrata  
 Candida krusei  
 Candida lusitaniae  
 Candida parapsilosis  
 Candida tropicalis

ICD 10 CODES  
 R19.7 Diarrhea, unspecified  
 A06.0 Acute Diarrhea  
 R05.9 Fever  
 E60.0 Dehydration

SPECIMEN SOURCE  
 Rectal Swab  Other:  
 Stool Specimen

Antibiotic Resistance  
 β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 metallo-β-lactamase (blaNDM)  
 Fluoroquinolones  
 Z22.322 Carrier or suspected carrier of MRSA  
 ICD 10 CODES  
 Z16.19 Resistance to other specified Beta Lactam antibiotics

Methicillin/Oxacillin (mecA)  
 Sulfonamides  
 Trimethoprim  
 Vancomycin (vanA, vanB)

ICD 10 CODES  
 R06.0 Acute vaginitis  
 N89.8 Other specified noninflammatory disorders of vagina

SPECIMEN SOURCE  
 Urine  Other:

Candida  
 Candida albicans  
 Candida dubliniensis  
 Candida glabrata  
 Candida krusei  
 Candida lusitaniae  
 Candida parapsilosis  
 Candida tropicalis

ICD 10 CODES  
 R19.7 Diarrhea, unspecified  
 A06.0 Acute Diarrhea  
 R05.9 Fever  
 E60.0 Dehydration

SPECIMEN SOURCE  
 Rectal Swab  Other:  
 Stool Specimen

Antibiotic Resistance  
 β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 metallo-β-lactamase (blaNDM)  
 Fluoroquinolones  
 Z22.322 Carrier or suspected carrier of MRSA  
 ICD 10 CODES  
 Z16.19 Resistance to other specified Beta Lactam antibiotics

Methicillin/Oxacillin (mecA)  
 Sulfonamides  
 Trimethoprim  
 Vancomycin (vanA, vanB)

ICD 10 CODES  
 R06.0 Acute vaginitis  
 N89.8 Other specified noninflammatory disorders of vagina

SPECIMEN SOURCE  
 Urine  Other:

Candida  
 Candida albicans  
 Candida dubliniensis  
 Candida glabrata  
 Candida krusei  
 Candida lusitaniae  
 Candida parapsilosis  
 Candida tropicalis

ICD 10 CODES  
 R19.7 Diarrhea, unspecified  
 A06.0 Acute Diarrhea  
 R05.9 Fever  
 E60.0 Dehydration

SPECIMEN SOURCE  
 Rectal Swab  Other:  
 Stool Specimen

Antibiotic Resistance  
 β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 metallo-β-lactamase (blaNDM)  
 Fluoroquinolones  
 Z22.322 Carrier or suspected carrier of MRSA  
 ICD 10 CODES  
 Z16.19 Resistance to other specified Beta Lactam antibiotics

Methicillin/Oxacillin (mecA)  
 Sulfonamides  
 Trimethoprim  
 Vancomycin (vanA, vanB)

ICD 10 CODES  
 R06.0 Acute vaginitis  
 N89.8 Other specified noninflammatory disorders of vagina

SPECIMEN SOURCE  
 Urine  Other:

Candida  
 Candida albicans  
 Candida dubliniensis  
 Candida glabrata  
 Candida krusei  
 Candida lusitaniae  
 Candida parapsilosis  
 Candida tropicalis

ICD 10 CODES  
 R19.7 Diarrhea, unspecified  
 A06.0 Acute Diarrhea  
 R05.9 Fever  
 E60.0 Dehydration

SPECIMEN SOURCE  
 Rectal Swab  Other:  
 Stool Specimen

Antibiotic Resistance  
 β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 metallo-β-lactamase (blaNDM)  
 Fluoroquinolones  
 Z22.322 Carrier or suspected carrier of MRSA  
 ICD 10 CODES  
 Z16.19 Resistance to other specified Beta Lactam antibiotics

Methicillin/Oxacillin (mecA)  
 Sulfonamides  
 Trimethoprim  
 Vancomycin (vanA, vanB)

ICD 10 CODES  
 R06.0 Acute vaginitis  
 N89.8 Other specified noninflammatory disorders of vagina

SPECIMEN SOURCE  
 Urine  Other:

Candida  
 Candida albicans  
 Candida dubliniensis  
 Candida glabrata  
 Candida krusei  
 Candida lusitaniae  
 Candida parapsilosis  
 Candida tropicalis

ICD 10 CODES  
 R19.7 Diarrhea, unspecified  
 A06.0 Acute Diarrhea  
 R05.9 Fever  
 E60.0 Dehydration

SPECIMEN SOURCE  
 Rectal Swab  Other:  
 Stool Specimen

Antibiotic Resistance  
 β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 metallo-β-lactamase (blaNDM)  
 Fluoroquinolones  
 Z22.322 Carrier or suspected carrier of MRSA  
 ICD 10 CODES  
 Z16.19 Resistance to other specified Beta Lactam antibiotics

Methicillin/Oxacillin (mecA)  
 Sulfonamides  
 Trimethoprim  
 Vancomycin (vanA, vanB)

ICD 10 CODES  
 R06.0 Acute vaginitis  
 N89.8 Other specified noninflammatory disorders of vagina

SPECIMEN SOURCE  
 Urine  Other:

Candida  
 Candida albicans  
 Candida dubliniensis  
 Candida glabrata  
 Candida krusei  
 Candida lusitaniae  
 Candida parapsilosis  
 Candida tropicalis

ICD 10 CODES  
 R19.7 Diarrhea, unspecified  
 A06.0 Acute Diarrhea  
 R05.9 Fever  
 E60.0 Dehydration

SPECIMEN SOURCE  
 Rectal Swab  Other:  
 Stool Specimen

Antibiotic Resistance  
 β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 metallo-β-lactamase (blaNDM)  
 Fluoroquinolones  
 Z22.322 Carrier or suspected carrier of MRSA  
 ICD 10 CODES  
 Z16.19 Resistance to other specified Beta Lactam antibiotics

Methicillin/Oxacillin (mecA)  
 Sulfonamides  
 Trimethoprim  
 Vancomycin (vanA, vanB)

ICD 10 CODES  
 R06.0 Acute vaginitis  
 N89.8 Other specified noninflammatory disorders of vagina

SPECIMEN SOURCE  
 Urine  Other:

Candida  
 Candida albicans  
 Candida dubliniensis  
 Candida glabrata  
 Candida krusei  
 Candida lusitaniae  
 Candida parapsilosis  
 Candida tropicalis

ICD 10 CODES  
 R19.7 Diarrhea, unspecified  
 A06.0 Acute Diarrhea  
 R05.9 Fever  
 E60.0 Dehydration

SPECIMEN SOURCE  
 Rectal Swab  Other:  
 Stool Specimen

Antibiotic Resistance  
 β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 metallo-β-lactamase (blaNDM)  
 Fluoroquinolones  
 Z22.322 Carrier or suspected carrier of MRSA  
 ICD 10 CODES  
 Z16.19 Resistance to other specified Beta Lactam antibiotics

Methicillin/Oxacillin (mecA)  
 Sulfonamides  
 Trimethoprim  
 Vancomycin (vanA, vanB)

ICD 10 CODES  
 R06.0 Acute vaginitis  
 N89.8 Other specified noninflammatory disorders of vagina

SPECIMEN SOURCE  
 Urine  Other:

Candida  
 Candida albicans  
 Candida dubliniensis  
 Candida glabrata  
 Candida krusei  
 Candida lusitaniae  
 Candida parapsilosis  
 Candida tropicalis

ICD 10 CODES  
 R19.7 Diarrhea, unspecified  
 A06.0 Acute Diarrhea  
 R05.9 Fever  
 E60.0 Dehydration

SPECIMEN SOURCE  
 Rectal Swab  Other:  
 Stool Specimen

Antibiotic Resistance  
 β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 metallo-β-lactamase (blaNDM)  
 Fluoroquinolones  
 Z22.322 Carrier or suspected carrier of MRSA  
 ICD 10 CODES  
 Z16.19 Resistance to other specified Beta Lactam antibiotics

Methicillin/Oxacillin (mecA)  
 Sulfonamides  
 Trimethoprim  
 Vancomycin (vanA, vanB)

# REQUISITION FORM INSTRUCTIONS

## STEP 1

### PATIENT INFORMATION

Fill in the patient's information including their name, gender, address, race, phone number, email, date of birth, social security number, insurance, ethnicity and billing information.

#### 1 Patient Information

Last Name / First Name /	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address /	<input type="checkbox"/> Asian	<input type="checkbox"/> Black
City / State / Zip / County	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic
Phone	<input type="checkbox"/> Native American	<input type="checkbox"/> Other
DOB	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Email	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
Insurance	<input type="checkbox"/> Bill to: <input type="checkbox"/> Insurance	<input type="checkbox"/> Facility
Subscriber ID	<input type="checkbox"/> Uninsured	
Group #		

## STEP 2

### PROVIDER INFORMATION

Fill in the provider's information, including client name or account number, address, phone number, ordering physician, collection date, specimen collector, collection time, and state where sample was collected.

#### 2 Provider Information

Client Name / Account	
Address / APT#	
City / State / Zip	
Phone	Fax #
Ordering Provider	Collection Date
Specimen Collected	State Collected
	Collection Time

## STEP 3

### MEDICAL NECESSITY

Have the physician read, sign, and choose either a verbal or standing order for the medical necessity.

#### 3 Medical Necessity

As part of my antibiotic stewardship policy, I find it medically necessary to rapidly determine and differentiate a viral and/or bacterial infection in order to treat with or without appropriate antibiotics. Having the most accurate and timely data available to me directly guides my treatment and patient management. Empiric treatment and management leads to inappropriate and unnecessary antibiotic use according to the CDC and delayed diagnosis which can lead to severe consequences.

Provider Signature

Verbal Order  
 Standing Order

## STEP 4

### CONSENT FOR TESTING

Have the patient read and sign the medical necessity.

#### 4 Provider Information

The information I have provided on this form is accurate. I authorize Streamline Scientific to release the results of this test to my treating physician or facility. I hereby authorize my insurance or other payment to Streamline Scientific for services I receive. I am aware that Streamline Scientific may be an out of network provider with my insurer. I am aware that I am responsible for all co-pays and deductibles not covered by insurance or other payers.

Provider Signature

Date

## STEP 5

### PANEL LIST

Check appropriate panels that address your patients' needs. Tests can be ordered individually. Select the box(es) that describes the specimen source.

Make sure to check any ICD-10 codes found at the end of each panel.

<b>5 Panel List</b>	<b>6 UTI w/ ABX Resistance</b>	<b>7 Vaginitis</b>	<b>8 STI</b>	<b>9 Fungal Infection</b>
<input type="checkbox"/> COVID-19 Only	<input type="checkbox"/> Acinetobacter baumannii	<input type="checkbox"/> Atopobium vaginae	<input type="checkbox"/> Abacilium vaginale	<input type="checkbox"/> Alternaria spp.
<input type="checkbox"/> COVID-19 (Covariants)	<input type="checkbox"/> Bacteroides fragilis	<input type="checkbox"/> Bacteroides fragilis	<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Aspergillus spp.
<input type="checkbox"/> Influenza A & B	<input type="checkbox"/> Enterococcus faecalis	<input type="checkbox"/> Gardnerella vaginalis	<input type="checkbox"/> Chlamydia pneumoniae	<input type="checkbox"/> Aspergillus fumigatus
<input type="checkbox"/> RSV	<input type="checkbox"/> Enterococcus faecium	<input type="checkbox"/> Haemophilus ducreyi	<input type="checkbox"/> Cryptosporidium spp.	
<input type="checkbox"/> COVID-19 Respiratory Lite	<input type="checkbox"/> Enterococcus faecalis (Group A)	<input type="checkbox"/> Escherichia coli	<input type="checkbox"/> Coccidioides immitis	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group A)	<input type="checkbox"/> Enterococcus faecalis (Group B)	<input type="checkbox"/> Escherichia coli (Group A)	<input type="checkbox"/> Candida albicans	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group B)	<input type="checkbox"/> Enterococcus faecalis (Group C)	<input type="checkbox"/> Escherichia coli (Group B)	<input type="checkbox"/> Candida glabrata	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group C)	<input type="checkbox"/> Enterococcus faecalis (Group D)	<input type="checkbox"/> Escherichia coli (Group C)	<input type="checkbox"/> Candida parapsilosis	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group D)	<input type="checkbox"/> Enterococcus faecalis (Group E)	<input type="checkbox"/> Escherichia coli (Group D)	<input type="checkbox"/> Coccidioides posadasii	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group E)	<input type="checkbox"/> Enterococcus faecalis (Group F)	<input type="checkbox"/> Escherichia coli (Group E)	<input type="checkbox"/> Cryptocystis spp.	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group F)	<input type="checkbox"/> Enterococcus faecalis (Group G)	<input type="checkbox"/> Escherichia coli (Group F)	<input type="checkbox"/> Cryptosporidium spp.	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group G)	<input type="checkbox"/> Enterococcus faecalis (Group H)	<input type="checkbox"/> Escherichia coli (Group G)	<input type="checkbox"/> Trichophyton gallerucomini	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group H)	<input type="checkbox"/> Enterococcus faecalis (Group I)	<input type="checkbox"/> Escherichia coli (Group H)	<input type="checkbox"/> Trichophyton mentagrophytes	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group I)	<input type="checkbox"/> Enterococcus faecalis (Group J)	<input type="checkbox"/> Escherichia coli (Group I)	<input type="checkbox"/> Trichophyton schoenleinii	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group K)	<input type="checkbox"/> Enterococcus faecalis (Group L)	<input type="checkbox"/> Escherichia coli (Group J)	<input type="checkbox"/> Trichophyton tonsurans	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group L)	<input type="checkbox"/> Enterococcus faecalis (Group M)	<input type="checkbox"/> Escherichia coli (Group K)	<input type="checkbox"/> Trichophyton violaceum	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group M)	<input type="checkbox"/> Enterococcus faecalis (Group N)	<input type="checkbox"/> Escherichia coli (Group L)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group N)	<input type="checkbox"/> Enterococcus faecalis (Group O)	<input type="checkbox"/> Escherichia coli (Group M)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group O)	<input type="checkbox"/> Enterococcus faecalis (Group P)	<input type="checkbox"/> Escherichia coli (Group N)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group P)	<input type="checkbox"/> Enterococcus faecalis (Group Q)	<input type="checkbox"/> Escherichia coli (Group O)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group Q)	<input type="checkbox"/> Enterococcus faecalis (Group R)	<input type="checkbox"/> Escherichia coli (Group P)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group R)	<input type="checkbox"/> Enterococcus faecalis (Group S)	<input type="checkbox"/> Escherichia coli (Group Q)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group S)	<input type="checkbox"/> Enterococcus faecalis (Group T)	<input type="checkbox"/> Escherichia coli (Group R)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group T)	<input type="checkbox"/> Enterococcus faecalis (Group U)	<input type="checkbox"/> Escherichia coli (Group S)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group U)	<input type="checkbox"/> Enterococcus faecalis (Group V)	<input type="checkbox"/> Escherichia coli (Group T)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group V)	<input type="checkbox"/> Enterococcus faecalis (Group W)	<input type="checkbox"/> Escherichia coli (Group U)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group W)	<input type="checkbox"/> Enterococcus faecalis (Group X)	<input type="checkbox"/> Escherichia coli (Group V)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group X)	<input type="checkbox"/> Enterococcus faecalis (Group Y)	<input type="checkbox"/> Escherichia coli (Group W)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group Y)	<input type="checkbox"/> Enterococcus faecalis (Group Z)	<input type="checkbox"/> Escherichia coli (Group X)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group Z)	<input type="checkbox"/> Enterococcus faecalis (Group AA)	<input type="checkbox"/> Escherichia coli (Group Y)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group AA)	<input type="checkbox"/> Enterococcus faecalis (Group BB)	<input type="checkbox"/> Escherichia coli (Group Z)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group BB)	<input type="checkbox"/> Enterococcus faecalis (Group CC)	<input type="checkbox"/> Escherichia coli (Group AA)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group CC)	<input type="checkbox"/> Enterococcus faecalis (Group DD)	<input type="checkbox"/> Escherichia coli (Group BB)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group DD)	<input type="checkbox"/> Enterococcus faecalis (Group EE)	<input type="checkbox"/> Escherichia coli (Group CC)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group EE)	<input type="checkbox"/> Enterococcus faecalis (Group FF)	<input type="checkbox"/> Escherichia coli (Group DD)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group FF)	<input type="checkbox"/> Enterococcus faecalis (Group GG)	<input type="checkbox"/> Escherichia coli (Group EE)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group GG)	<input type="checkbox"/> Enterococcus faecalis (Group HH)	<input type="checkbox"/> Escherichia coli (Group FF)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group HH)	<input type="checkbox"/> Enterococcus faecalis (Group II)	<input type="checkbox"/> Escherichia coli (Group GG)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group II)	<input type="checkbox"/> Enterococcus faecalis (Group JJ)	<input type="checkbox"/> Escherichia coli (Group HH)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group JJ)	<input type="checkbox"/> Enterococcus faecalis (Group KK)	<input type="checkbox"/> Escherichia coli (Group II)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group KK)	<input type="checkbox"/> Enterococcus faecalis (Group LL)	<input type="checkbox"/> Escherichia coli (Group JJ)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group LL)	<input type="checkbox"/> Enterococcus faecalis (Group MM)	<input type="checkbox"/> Escherichia coli (Group KK)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group MM)	<input type="checkbox"/> Enterococcus faecalis (Group NN)	<input type="checkbox"/> Escherichia coli (Group LL)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group NN)	<input type="checkbox"/> Enterococcus faecalis (Group OO)	<input type="checkbox"/> Escherichia coli (Group MM)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group OO)	<input type="checkbox"/> Enterococcus faecalis (Group PP)	<input type="checkbox"/> Escherichia coli (Group OO)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group PP)	<input type="checkbox"/> Enterococcus faecalis (Group QQ)	<input type="checkbox"/> Escherichia coli (Group PP)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group QQ)	<input type="checkbox"/> Enterococcus faecalis (Group RR)	<input type="checkbox"/> Escherichia coli (Group QQ)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group RR)	<input type="checkbox"/> Enterococcus faecalis (Group SS)	<input type="checkbox"/> Escherichia coli (Group RR)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group SS)	<input type="checkbox"/> Enterococcus faecalis (Group TT)	<input type="checkbox"/> Escherichia coli (Group SS)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group TT)	<input type="checkbox"/> Enterococcus faecalis (Group UU)	<input type="checkbox"/> Escherichia coli (Group TT)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group UU)	<input type="checkbox"/> Enterococcus faecalis (Group VV)	<input type="checkbox"/> Escherichia coli (Group UU)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group VV)	<input type="checkbox"/> Enterococcus faecalis (Group WW)	<input type="checkbox"/> Escherichia coli (Group VV)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group WW)	<input type="checkbox"/> Enterococcus faecalis (Group XX)	<input type="checkbox"/> Escherichia coli (Group WW)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group XX)	<input type="checkbox"/> Enterococcus faecalis (Group YY)	<input type="checkbox"/> Escherichia coli (Group XX)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group YY)	<input type="checkbox"/> Enterococcus faecalis (Group ZZ)	<input type="checkbox"/> Escherichia coli (Group YY)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group ZZ)	<input type="checkbox"/> Enterococcus faecalis (Group AA)	<input type="checkbox"/> Escherichia coli (Group ZZ)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group AA)	<input type="checkbox"/> Enterococcus faecalis (Group BB)	<input type="checkbox"/> Escherichia coli (Group AA)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group BB)	<input type="checkbox"/> Enterococcus faecalis (Group CC)	<input type="checkbox"/> Escherichia coli (Group BB)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group CC)	<input type="checkbox"/> Enterococcus faecalis (Group DD)	<input type="checkbox"/> Escherichia coli (Group CC)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group DD)	<input type="checkbox"/> Enterococcus faecalis (Group EE)	<input type="checkbox"/> Escherichia coli (Group DD)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group EE)	<input type="checkbox"/> Enterococcus faecalis (Group FF)	<input type="checkbox"/> Escherichia coli (Group EE)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group FF)	<input type="checkbox"/> Enterococcus faecalis (Group GG)	<input type="checkbox"/> Escherichia coli (Group FF)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group GG)	<input type="checkbox"/> Enterococcus faecalis (Group HH)	<input type="checkbox"/> Escherichia coli (Group GG)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group HH)	<input type="checkbox"/> Enterococcus faecalis (Group II)	<input type="checkbox"/> Escherichia coli (Group HH)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group II)	<input type="checkbox"/> Enterococcus faecalis (Group JJ)	<input type="checkbox"/> Escherichia coli (Group II)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group JJ)	<input type="checkbox"/> Enterococcus faecalis (Group KK)	<input type="checkbox"/> Escherichia coli (Group JJ)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group KK)	<input type="checkbox"/> Enterococcus faecalis (Group LL)	<input type="checkbox"/> Escherichia coli (Group KK)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group LL)	<input type="checkbox"/> Enterococcus faecalis (Group MM)	<input type="checkbox"/> Escherichia coli (Group LL)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group MM)	<input type="checkbox"/> Enterococcus faecalis (Group NN)	<input type="checkbox"/> Escherichia coli (Group MM)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group NN)	<input type="checkbox"/> Enterococcus faecalis (Group OO)	<input type="checkbox"/> Escherichia coli (Group NN)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group OO)	<input type="checkbox"/> Enterococcus faecalis (Group PP)	<input type="checkbox"/> Escherichia coli (Group OO)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group PP)	<input type="checkbox"/> Enterococcus faecalis (Group QQ)	<input type="checkbox"/> Escherichia coli (Group PP)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group QQ)	<input type="checkbox"/> Enterococcus faecalis (Group RR)	<input type="checkbox"/> Escherichia coli (Group QQ)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group RR)	<input type="checkbox"/> Enterococcus faecalis (Group SS)	<input type="checkbox"/> Escherichia coli (Group RR)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group SS)	<input type="checkbox"/> Enterococcus faecalis (Group TT)	<input type="checkbox"/> Escherichia coli (Group SS)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group TT)	<input type="checkbox"/> Enterococcus faecalis (Group UU)	<input type="checkbox"/> Escherichia coli (Group TT)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group UU)	<input type="checkbox"/> Enterococcus faecalis (Group VV)	<input type="checkbox"/> Escherichia coli (Group UU)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group VV)	<input type="checkbox"/> Enterococcus faecalis (Group ZZ)	<input type="checkbox"/> Escherichia coli (Group VV)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group ZZ)	<input type="checkbox"/> Enterococcus faecalis (Group AA)	<input type="checkbox"/> Escherichia coli (Group ZZ)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group AA)	<input type="checkbox"/> Enterococcus faecalis (Group BB)	<input type="checkbox"/> Escherichia coli (Group AA)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group BB)	<input type="checkbox"/> Enterococcus faecalis (Group CC)	<input type="checkbox"/> Escherichia coli (Group BB)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group CC)	<input type="checkbox"/> Enterococcus faecalis (Group DD)	<input type="checkbox"/> Escherichia coli (Group CC)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group DD)	<input type="checkbox"/> Enterococcus faecalis (Group EE)	<input type="checkbox"/> Escherichia coli (Group DD)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group EE)	<input type="checkbox"/> Enterococcus faecalis (Group FF)	<input type="checkbox"/> Escherichia coli (Group EE)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group FF)	<input type="checkbox"/> Enterococcus faecalis (Group GG)	<input type="checkbox"/> Escherichia coli (Group FF)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group GG)	<input type="checkbox"/> Enterococcus faecalis (Group HH)	<input type="checkbox"/> Escherichia coli (Group GG)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group HH)	<input type="checkbox"/> Enterococcus faecalis (Group II)	<input type="checkbox"/> Escherichia coli (Group HH)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group II)	<input type="checkbox"/> Enterococcus faecalis (Group JJ)	<input type="checkbox"/> Escherichia coli (Group II)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group JJ)	<input type="checkbox"/> Enterococcus faecalis (Group KK)	<input type="checkbox"/> Escherichia coli (Group JJ)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group KK)	<input type="checkbox"/> Enterococcus faecalis (Group LL)	<input type="checkbox"/> Escherichia coli (Group KK)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group LL)	<input type="checkbox"/> Enterococcus faecalis (Group MM)	<input type="checkbox"/> Escherichia coli (Group LL)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group MM)	<input type="checkbox"/> Enterococcus faecalis (Group NN)	<input type="checkbox"/> Escherichia coli (Group MM)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group NN)	<input type="checkbox"/> Enterococcus faecalis (Group OO)	<input type="checkbox"/> Escherichia coli (Group NN)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group OO)	<input type="checkbox"/> Enterococcus faecalis (Group PP)	<input type="checkbox"/> Escherichia coli (Group OO)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group PP)	<input type="checkbox"/> Enterococcus faecalis (Group QQ)	<input type="checkbox"/> Escherichia coli (Group PP)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group QQ)	<input type="checkbox"/> Enterococcus faecalis (Group RR)	<input type="checkbox"/> Escherichia coli (Group QQ)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group RR)	<input type="checkbox"/> Enterococcus faecalis (Group SS)	<input type="checkbox"/> Escherichia coli (Group RR)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group SS)	<input type="checkbox"/> Enterococcus faecalis (Group TT)	<input type="checkbox"/> Escherichia coli (Group SS)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group TT)	<input type="checkbox"/> Enterococcus faecalis (Group UU)	<input type="checkbox"/> Escherichia coli (Group TT)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group UU)	<input type="checkbox"/> Enterococcus faecalis (Group VV)	<input type="checkbox"/> Escherichia coli (Group UU)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group VV)	<input type="checkbox"/> Enterococcus faecalis (Group ZZ)	<input type="checkbox"/> Escherichia coli (Group VV)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group ZZ)	<input type="checkbox"/> Enterococcus faecalis (Group AA)	<input type="checkbox"/> Escherichia coli (Group ZZ)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group AA)	<input type="checkbox"/> Enterococcus faecalis (Group BB)	<input type="checkbox"/> Escherichia coli (Group AA)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group BB)	<input type="checkbox"/> Enterococcus faecalis (Group CC)	<input type="checkbox"/> Escherichia coli (Group BB)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group CC)	<input type="checkbox"/> Enterococcus faecalis (Group DD)	<input type="checkbox"/> Escherichia coli (Group CC)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group DD)	<input type="checkbox"/> Enterococcus faecalis (Group EE)	<input type="checkbox"/> Escherichia coli (Group DD)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group EE)	<input type="checkbox"/> Enterococcus faecalis (Group FF)	<input type="checkbox"/> Escherichia coli (Group EE)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group FF)	<input type="checkbox"/> Enterococcus faecalis (Group GG)	<input type="checkbox"/> Escherichia coli (Group FF)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group GG)	<input type="checkbox"/> Enterococcus faecalis (Group HH)	<input type="checkbox"/> Escherichia coli (Group GG)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group HH)	<input type="checkbox"/> Enterococcus faecalis (Group II)	<input type="checkbox"/> Escherichia coli (Group HH)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group II)	<input type="checkbox"/> Enterococcus faecalis (Group JJ)	<input type="checkbox"/> Escherichia coli (Group II)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group JJ)	<input type="checkbox"/> Enterococcus faecalis (Group KK)	<input type="checkbox"/> Escherichia coli (Group JJ)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group KK)	<input type="checkbox"/> Enterococcus faecalis (Group LL)	<input type="checkbox"/> Escherichia coli (Group KK)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group LL)	<input type="checkbox"/> Enterococcus faecalis (Group MM)	<input type="checkbox"/> Escherichia coli (Group LL)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respiratory Lite (Group MM)	<input type="checkbox"/> Enterococcus faecalis (Group NN)	<input type="checkbox"/> Escherichia coli (Group MM)	<input type="checkbox"/> Uromyces viciae-fabae	
<input type="checkbox"/> COVID-19 Respir				

# SPECIMEN PACKAGING AND TRANSPORT AND RESULT DELIVERY



## SPECIMEN PACKAGING AND TRANSPORT

- 1. Ensure sample lids are secure to avoid leakage or contamination
- 2. Place specimen into a provided biohazard bag
- 3. Insert requisition form, including all patient insurance information and demographics, into the specimen biohazard bag's side pocket
- 4. Place the biohazard bag containing the patient specimen into the provided lock box.
- 5. Enter a pickup request ticket through the online portal or contact Streamline Scientific customer service team to schedule a pickup (unless a nightly pickup schedule has been established).

## RESULT DELIVERY

Results will be available via our online portal system. This portal can be accessed by visiting our website

Result delivery via Secure Fax or Secure email is available. If you would prefer either of these methods, please contact customer service for setup.

The screenshot shows the Streamline Scientific website. At the top, there are links to molecular designs, Patient Billing, Log In, and a search bar. The main header reads "streamline scientific". Below the header, a large blue callout box contains the text: "Take charge of your lab testing and bring crucial molecular insights closer to those who need them." At the bottom of the page, there are two buttons: "Optimize Your Lab" and "Use Our Lab". On the right side, there is a photograph of a female scientist in a lab coat and gloves operating a laboratory machine. A green swoosh graphic is overlaid on the bottom right of the image. At the very bottom of the page, a footer states: "Molecular insights are often the deciding factor for patient management".

# RESPIRATORY PANEL TARGET CATALOG

## VIRAL PATHOGENS

- Adenovirus
- Bocavirus
- COVID-19 (SARS-CoV-2)
- Coronavirus 229E
- Coronavirus HKU1
- Coronavirus NL63
- Coronavirus OC43
- EBV (mononucleosis)
- Enterovirus
- Human Metapneumovirus A
- Human Metapneumovirus B
- Influenza A
- Influenza B
- Parainfluenza Virus type 1
- Parainfluenza Virus type 2
- Parainfluenza Virus type 3
- Parainfluenza Virus type 4
- Respiratory Syncytial Virus
- Rhinovirus

## BACTERIAL PATHOGENS

- Acinetobacter baumannii\*
- Bordetella pertussis
- Chlamydophila pneumoniae
- Enterobacter cloacae\*
- Haemophilus influenzae\*
- Klebsiella aerogenes\*
- Klebsiella pneumoniae\*
- Legionella pneumophila
- Moraxella catarrhalis\*
- Mycoplasma pneumoniae
- Proteus mirabilis\*
- Pseudomonas aeruginosa\*
- Staphylococcus aureus\*
- Staphylococcus epidermidis
- Streptococcus pneumoniae\*
- Streptococcus pyogenes (Group A)\*\*

## ABX RESISTANCE MARKER

- Methicillin/Oxacillin (mecA)

\*Limitation: Test does not differentiate between a patient with acute infection or an asymptomatic carrier.

\*\*S. pyogenes detected from a throat swab is diagnostic of pharyngitis; S. pyogenes detected from a nasopharyngeal swab could indicate an asymptomatic carrier.

For panel offerings, please visit [streamlinesci.com](http://streamlinesci.com)

# RESPIRATORY INFECTION SAMPLE COLLECTION

Follow the instructions below depending on the specimen source:



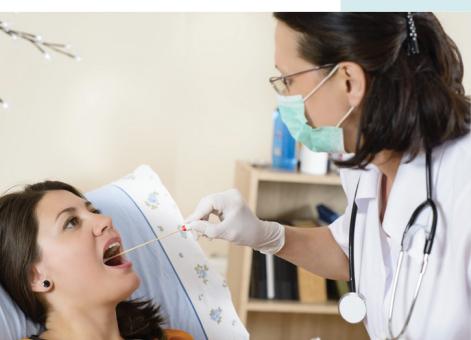
## NASOPHARYNGEAL SWAB:

1. Tilt the patient's head back 70 degrees.
2. Insert the swab into the nostril (the swab should reach depth equal to the distance from nostril to outer opening of the ear). Leave the swab in place for several seconds to absorb secretions.
3. Slowly remove the swab while rotating it.



## MID-TURBINATE (PEDIATRIC) SWAB:

1. Gently insert the swab into the nostril.
2. Using a gentle rotation, push the swab until a slight resistance is met at the level of turbinates.
3. Rotate the swab several times against the nasal wall.



## OROPHARYNGEAL SWAB:

1. Insert the swab into the posterior pharynx and tonsillar areas.
2. Rub the swab over both tonsillar pillars and posterior oropharyngeal and avoid touching the tongue, teeth, and gums.



## SPUTUM:

1. Educate the patient about the difference between sputum and oral secretions
2. Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile screw-cap collection cup or sterile dry container.
3. Transfer this sputum to a Copan E-swab tube with a liquid buffer for transport



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

### CLINIC INFORMATION

Name: Streamline Pathology Laboratory  
Address: 2868 Acton Road Suite 207 BIRMINGHAM, AL 35243  
Provider: Test, Doctor MD

### PATIENT INFORMATION

Name: TEST, PATIENT  
DOB: 3/31/1995 Sex: M  
Phone: (777)777-7777  
Address: 456 MAPLE ST BIRMINGHAM, AL 35243

### SPECIMEN INFORMATION

Lab Accession Number: S-11082310142  
Date Collected: 11/08/23 3:09:00 PM  
Date Accessedioned: 11/08/2023  
Date Reported: 11/08/2023  
Faxed to: 18777966185

### Controls

Panel Positive Control <sup>1</sup> PASS  
Panel Negative Control <sup>2</sup> PASS

(1) Positive control is synthetic inactive pathogen

(2) Negative Control contains primers, probe, and enzymes with no DNA/RNA template

(3) A "Detected" result indicates the presence of a pathogen (99.99% confidence) above the assay cutoff.

### Test Performed

### Test Results

### Comments

COVID-19		
Collection Type: Nasopharyngeal Swab		
COVID-19	Not Detected	[11/08/23] COVID-19 assay reviewed and approved under FDA Emergency Use Authorization #200522.
CT Value	0	[11/08/23] CT value indicates the number of amplification cycles by real-time PCR needed to detect specific sequences in SARS-CoV-2. CT values are inversely proportional to the amount of target nucleic acid in the sample (i.e. the lower the CT level, the greater the amount of target nucleic acid in the sample). CT values of 0 indicate no SARS-CoV-2 detected. The reference range for Streamline Scientific RT-PCR assays is <40 cycles of amplification.

### Test Performed

Lab Result (3)  
(Qualitative Low/Medium/High)

DNA Copy Number

### Comments

SUMMARY COVID Respiratory Plus		
Collection Type: Nasopharyngeal Swab		
Bocavirus	DETECTED - LOW	< 1,000
Pseudomonas aeruginosa	DETECTED - MEDIUM	1,000 - 100,000
Streptococcus pneumoniae	DETECTED - HIGH	> 100,000

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 1

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.

Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.

In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

FOR MORE RESPIRATORY PANEL SAMPLE LAB REPORTS, [CLICK HERE](#)



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

CLINIC INFORMATION		PATIENT INFORMATION		SPECIMEN INFORMATION	
Name:	Streamline Pathology Laboratory	Name:	TEST, PATIENT	Lab Accession Number:	S-11082310142
Address:	2868 Acton Road Suite 207 BIRMINGHAM, AL 35243	DOB:	3/31/1995	Sex:	M
Provider:	Test, Doctor MD	Phone:	(777)777-7777	Date Collected:	11/08/23 3:09:00 PM
		Address:	456 MAPLE ST BIRMINGHAM, AL 35243	Date Accessedioned:	11/08/2023
				Date Reported:	11/08/2023
				Faxed to:	18777966185

Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
<b>COVID Respiratory Plus</b>			<b>Collection Type: Nasopharyngeal Swab</b>
Acinetobacter baumannii	Not Detected	Not Detected	
Adenovirus	Not Detected	Not Detected	
Bocavirus	DETECTED - LOW	< 1,000	[11/08/23] Assay is developed to detect all strains of this pathogen
Bordetella pertussis	Not Detected	Not Detected	[11/08/23] This test does not differentiate between B. pertussis and B. holmesii.
Chlamydophila pneumoniae	Not Detected	Not Detected	
Coronavirus 229E	Not Detected	Not Detected	
Coronavirus HKU1	Not Detected	Not Detected	
Coronavirus NL63	Not Detected	Not Detected	
Coronavirus OC43	Not Detected	Not Detected	
EBV (Mononucleosis)	Not Detected	Not Detected	
Enterobacter cloacae	Not Detected	Not Detected	
Enterovirus	Not Detected	Not Detected	[11/08/23] Enterovirus includes Coxsackievirus types A9, A10, A16, B5, and Echovirus serotypes [11/08/23] May cross-react with Rhinovirus (types A and B)
Haemophilus influenzae	Not Detected	Not Detected	
HMPV A (Human Metapneumovirus)	Not Detected	Not Detected	
HMPV B (Human Metapneumovirus)	Not Detected	Not Detected	
Influenza A	Not Detected	Not Detected	
Influenza B	Not Detected	Not Detected	
Klebsiella aerogenes	Not Detected	Not Detected	
Klebsiella pneumoniae	Not Detected	Not Detected	
Legionella pneumophila	Not Detected	Not Detected	
mecA (Methicillin/Oxacillin resistance)	Not Detected	Not Detected	
Moraxella catarrhalis	Not Detected	Not Detected	
Mycoplasma pneumoniae	Not Detected	Not Detected	
Parainfluenza 1	Not Detected	Not Detected	
Parainfluenza 2	Not Detected	Not Detected	
Parainfluenza 3	Not Detected	Not Detected	
Parainfluenza 4	Not Detected	Not Detected	
Proteus mirabilis	Not Detected	Not Detected	

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 2

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.

Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.

In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

FOR MORE RESPIRATORY PANEL SAMPLE LAB REPORTS, [CLICK HERE](#)



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

### CLINIC INFORMATION

Name: Streamline Pathology Laboratory  
Address: 2868 Acton Road Suite 207 BIRMINGHAM, AL 35243  
Provider: Test, Doctor MD

### PATIENT INFORMATION

Name: TEST, PATIENT  
DOB: 3/31/1995 Sex: M  
Phone: (777)777-7777  
Address: 456 MAPLE ST BIRMINGHAM, AL 35243

### SPECIMEN INFORMATION

Lab Accession Number: S-11082310142  
Date Collected: 11/08/23 3:09:00 PM  
Date Accessedioned: 11/08/2023  
Date Reported: 11/08/2023  
Faxed to: 18777966185

Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
Pseudomonas aeruginosa	DETECTED - MEDIUM	1,000 - 100,000	[11/08/23] Limitation: Test does not differentiate between patient with acute infection or an asymptomatic carrier.
Rhinovirus (types A & B)	Not Detected	Not Detected	[11/08/23] Assay is developed to detect all strains of this pathogen [11/08/23] May cross-react with Enterovirus
Respiratory Syncytial Virus	Not Detected	Not Detected	
Staphylococcus aureus	Not Detected	Not Detected	
Staphylococcus epidermidis	Not Detected	Not Detected	
Streptococcus pneumoniae	DETECTED - HIGH	> 100,000	[11/08/23] Limitation: Test does not differentiate between patient with acute infection or an asymptomatic carrier.
Streptococcus pyogenes (Group A)	Not Detected	Not Detected	

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 3

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.  
Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.  
In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

FOR MORE RESPIRATORY PANEL SAMPLE LAB REPORTS, [CLICK HERE](#)

# UTI PANEL TARGETS

## PATHOGENS

- *Acinetobacter baumannii*
- *Bacteroides fragilis*
- *Candida albicans*
- *Candida dubliniensis*
- *Candida glabrata*
- *Candida krusei*
- *Candida parapsilosis*
- *Candida tropicalis*
- *Citrobacter braakii/freundii*
- *Citrobacter koseri*
- *Enterobacter cloacae*
- *Enterococcus* spp.
- *Escherichia coli*
- *Klebsiella aerogenes*
- *K. oxotyca/michiganensis*
- *Klebsiella pneumoniae*
- *Morganella morganii*
- *Mycoplasma genitalium*
- *Mycoplasma hominis*
- *Prevotella bivia*
- *Proteus mirabilis*
- *Pseudomonas aeruginosa*
- *Serratia marcescens*
- *Staphylococcus aureus*
- *Staphylococcus epidermidis*
- *Staphylococcus saprophyticus*
- *Streptococcus agalactiae* (Group B)
- *Streptococcus pyogenes* (Group A)
- *Ureaplasma urealyticum*

## ABX RESISTANCE MARKER

- $\beta$ -lactamase (blaKPC)
- $\beta$ -lactamase (CTX-M-Group 1)
- metallo- $\beta$ -lactamase (blaNDM)
- Fluoroquinolones
- Methicillin/Oxacillin (mecA)
- Sulfonamides
- Trimethoprim

For panel offerings, please visit [streamlinesci.com](http://streamlinesci.com)

# UTI SAMPLE COLLECTION

Collect the patient sample using one of the procedures below:

## URINE SAMPLE:

If submitting a urine sample: Collect a urine sample from the patient in a sterile urine collection cup with lid-integrated transfer device using the following gender-specific instructions:

### Female Urine Sample

1. Patient should use a packaged, moist towel to clean the vulva and perianal area starting from front to back. Repeat with a second moist towel.
2. Patient should then spread their labia with one hand and start urinating into the toilet. Within the other hand, they should put the urine container under the genital area to catch the stream of urine without touching any skin.

### Male Urine Sample

1. Patient should retract the foreskin from the penis if necessary and use the packaged towel to clean the penis from the tip to the base. Repeat with a second moist towel.
2. Patient should retract the foreskin if necessary with one hand and start urinating into the toilet. Then, position the urine container with the other hand to catch the stream without touching any skin.

### For PCR testing with culture request

Replace and tighten the collection cup lid, and transfer the urine sample into a vacutainer tube with preservative:

1. Remove the sticker from the lid to access the integrated transfer device.
2. Insert the vacutainer tube vertically into the transfer device, puncturing the rubber septum and allowing the tube to fill with urine.
3. Remove the vacutainer tube and discard the collection cup. Mix urine and preservative by gently inverting the tube 8-10 times.

### For PCR testing only

#### Nest Urine Specimen Collection Instructions

Urine should be collected in the provided sterile cup. Next, use the provided disposable transfer pipette to transfer at least 1mL of urine into the Nest Specimen tube. Replace the specimen lid, ensure it is properly labeled with the patient's name and DOB and sent to the lab. Urine collection cup and transfer pipette can be disposed of in biohazard waste.





## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

CLINIC INFORMATION		PATIENT INFORMATION		SPECIMEN INFORMATION	
Name:	Streamline Pathology Laboratory	Name:	TEST, PATIENT	Lab Accession Number:	S-11092310077
Address:	2868 Acton Road Suite 207 BIRMINGHAM, AL 35243	DOB:	3/31/1995	Sex:	M Date Collected: 11/09/23 9:17:00 AM
Provider:	Test, Doctor MD	Phone:	(777)777-7777	Date Accessedioned:	11/09/2023
		Address:	456 MAPLE ST BIRMINGHAM, AL 35243	Date Reported:	11/09/2023
				Faxed to:	18777966185

### Controls

Panel Positive Control <sup>1</sup> PASS  
Panel Negative Control <sup>2</sup> PASS

(1) Positive control is synthetic inactive pathogen

(2) Negative Control contains primers, probe, and enzymes with no DNA/RNA template

(3) A "Detected" result indicates the presence of a pathogen (99.99% confidence) above the assay cutoff.

Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
<b>SUMMARY UTI Pathogens Plus</b> Collection Type: Urine clean catch			
Candida krusei	DETECTED - LOW	< 1,000	
Escherichia coli	DETECTED - HIGH	> 100,000	
Serratia marcescens	DETECTED - MEDIUM	1,000 - 10,000	
Class (Gene Name)	Lab Result (Qualitative)	Resistance Gene Targets Identified	Associated Resistances (Antibiotics to Avoid)
<b>SUMMARY UTI Antibiotic Resistance Markers</b> Collection Type: Urine clean catch			
vanA (Vancomycin)	DETECTED	vanA	[11/09/23]Vancomycin

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 1

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.

Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.

In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

[FOR MORE UTI PANEL SAMPLE LAB REPORTS, CLICK HERE](#)



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

### CLINIC INFORMATION

Name: Streamline Pathology Laboratory  
Address: 2868 Acton Road Suite 207 BIRMINGHAM, AL 35243  
Provider: Test, Doctor MD

### PATIENT INFORMATION

Name: TEST, PATIENT  
DOB: 3/31/1995 Sex: M  
Phone: (777)777-7777  
Address: 456 MAPLE ST BIRMINGHAM, AL 35243

### SPECIMEN INFORMATION

Lab Accession Number: S-11092310077  
Date Collected: 11/09/23 9:17:00 AM  
Date Accessedioned: 11/09/2023  
Date Reported: 11/09/2023  
Faxed to: 18777966185

Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
<b>UTI Pathogens Plus</b> <span style="float: right;">Collection Type: Urine clean catch</span>			
Acinetobacter baumannii	Not Detected	Not Detected	
Bacteroides fragilis	Not Detected	Not Detected	
Candida albicans	Not Detected	Not Detected	
Candida dubliniensis	Not Detected	Not Detected	
Candida glabrata	Not Detected	Not Detected	
<i>Candida krusei</i>	DETECTED - LOW	< 1,000	
Candida parapsilosis	Not Detected	Not Detected	
Candida tropicalis	Not Detected	Not Detected	
Citrobacter freundii/braakii	Not Detected	Not Detected	
Citrobacter koseri	Not Detected	Not Detected	
Enterobacter cloacae	Not Detected	Not Detected	
Enterococcus spp.	Not Detected	Not Detected	
<i>Escherichia coli</i>	DETECTED - HIGH	> 100,000	
Klebsiella aerogenes	Not Detected	Not Detected	
Klebsiella oxytoca/michiganensis	Not Detected	Not Detected	
Klebsiella pneumoniae	Not Detected	Not Detected	
Morganella morganii	Not Detected	Not Detected	
Mycoplasma genitalium	Not Detected	Not Detected	
Mycoplasma hominis	Not Detected	Not Detected	
Prevotella bivia	Not Detected	Not Detected	
Proteus mirabilis	Not Detected	Not Detected	
Pseudomonas aeruginosa	Not Detected	Not Detected	
<i>Serratia marcescens</i>	DETECTED - MEDIUM	1,000 - 10,000	
Staphylococcus aureus	Not Detected	Not Detected	
Staphylococcus epidermidis	Not Detected	Not Detected	
Staphylococcus saprophyticus	Not Detected	Not Detected	
Streptococcus agalactiae (GBS)	Not Detected	Not Detected	
Streptococcus pyogenes (Group A)	Not Detected	Not Detected	
Ureaplasma urealyticum	Not Detected	Not Detected	

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 2

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.

Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.

In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

[FOR MORE UTI PANEL SAMPLE LAB REPORTS, CLICK HERE](#)



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

CLINIC INFORMATION		PATIENT INFORMATION		SPECIMEN INFORMATION	
Name:	Streamline Pathology Laboratory	Name:	TEST, PATIENT	Lab Accession Number:	S-11092310077
Address:	2868 Acton Road Suite 207 BIRMINGHAM, AL 35243	DOB:	3/31/1995	Sex:	M Date Collected: 11/09/23 9:17:00 AM
Provider:	Test, Doctor MD	Phone:	(777)777-7777	Date Accessedioned:	11/09/2023
		Address:	456 MAPLE ST BIRMINGHAM, AL 35243	Date Reported:	11/09/2023
				Faxed to:	18777966185

<b>UTI Antibiotic Resistance Markers</b>			
			<b>Collection Type: Urine clean catch</b>
Class (Gene Name)	Lab Result (Qualitative)	Resistance Gene Targets Identified	Associated Resistances (Antibiotics to Avoid)
Class A Beta-lactamase (blaKPC)	Not Detected	KPC-2-8,10,11,13-22,24-33	[11/09/23] Carbapenems, Cephalosporins, Penicillins, Beta-lactamase inhibitors, Aztreonam
Class A Beta-lactamase (CTX-M-Group 1)	Not Detected	blaCTX-M-1,3,10,12,15,22,23,28; blaFEC-1	[11/09/23] Cephalosporins, Penicillins, Aztreonam
Class B metallo Beta-lactamase (blaNDM)	Not Detected	NDM (1-21)	[11/09/23] Carbapenems, Cephalosporins, Penicillins, Beta-lactamase inhibitors
Fluoroquinolones	Not Detected	qnrS 1-5,7-9; qnrB Group 1; qnrB Group 5	[11/09/23] Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Norfloxacin, Ofloxacin
mecA (Methicillin/Oxacillin resistance)	Not Detected	mecA	[11/09/23] Oxacillin
Sulfonamides	Not Detected	sul1; sul2; sul3	[11/09/23] Sulfadiazine, Sulfamethizole, Sulfamethoxazole, SulfaSalazine, Sulfisoxazole
Trimethoprim	Not Detected	dfrA1; dfrA5; dfrA11; dfrA17	[11/09/23] Primsol
vanA (Vancomycin)	DETECTED	vanA	[11/09/23] Vancomycin
vanB (Vancomycin)	Not Detected	vanB	[11/09/23] Vancomycin

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 3

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.  
Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.  
In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

FOR MORE UTI PANEL SAMPLE LAB REPORTS, [CLICK HERE](#)

# WOUND PANEL

## PATHOGENS

---

- Acinetobacter baumannii
- Bacteroides fragilis
- Citrobacter braakii/freundii
- Citrobacter koseri
- Enterobacter cloacae
- Enterococcus spp.
- Escherichia coli
- Klebsiella aerogenes
- K. oxytoca/michiganensis
- Klabsiella pneumoniae
- Morganella morganii
- Proteus mirabilis
- Pseudomonas aeruginosa
- Staphylococcus aureus
- Staphylococcus epidermidis
- Staphylococcus saprophyticus
- Streptococcus pyogenes (Group A)
- Varicella Zoster (Shingles)

## ABX RESISTANCE MARKER

---

- $\beta$ -lactamase (blaKPC)
- $\beta$ -lactamase (CTX-M-Group 1)
- metallo- $\beta$ -lactamase (blaNDM)
- Fluoroquinolones
- Methicillin/Oxacillin (mecA)
- Sulfonamides
- Trimethoprim

For panel offerings, please visit [streamlinesci.com](http://streamlinesci.com)

# WOUND/INFECTION SAMPLE COLLECTION

Collect the patient sample using one of the procedures below:

## ASPIRATION

1. The surface of the wound/abscess should be carefully cleansed and debrided using sterile gauze and saline before attempting to aspirate the specimen.
2. Aspirate the specimen and place 0.5 to 1.0 mL of the aspirate directly into a Nest ITM transport tube.
3. Without contaminating the included swab, place the swab into the Nest ITM transport tube all the way to the bottom. Break the swab at the scored breakpoint indication line and leave the bottom portion inside the transport tube, partially submerged in buffer solution. Screw the top onto the tube tightly to secure the specimen.



## SWAB

1. Cleanse and debride the wound with sterile gauze and saline.
2. Exudate and brushings of the wound base (including advancing margins) should be collected using the swab.
3. Without contaminating the swab, place the swab into the transport tube all the way to the bottom.
4. Break the swab at the scored breakpoint indication line and leave the bottom portion inside the Nest ITM transport tube, partially submerged in buffer solution. Screw the top onto the tube tightly to secure the specimen.





## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

### CLINIC INFORMATION

Name: Streamline Pathology Laboratory  
Address: 2868 Acton Road Suite 207 BIRMINGHAM, AL 35243  
Provider: Test, Doctor MD

### PATIENT INFORMATION

Name: TEST, PATIENT  
DOB: 3/31/1995 Sex: M  
Phone: (777)777-7777  
Address: 456 MAPLE ST BIRMINGHAM, AL 35243

### SPECIMEN INFORMATION

Lab Accession Number: S-11082310130  
Date Collected: 11/08/23 2:26:00 PM  
Date Accessedioned: 11/08/2023  
Date Reported: 11/08/2023  
Faxed to: 18777966185

### Controls

Panel Positive Control <sup>1</sup> PASS  
Panel Negative Control <sup>2</sup> PASS

(1) Positive control is synthetic inactive pathogen

(2) Negative Control contains primers, probe, and enzymes with no DNA/RNA template

(3) A "Detected" result indicates the presence of a pathogen (99.99% confidence) above the assay cutoff.

Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
<b>SUMMARY Gastrointestinal Panel w/ C.Diff Add-On</b>			
Clostridium difficile (tcdA/tcdB)	DETECTED - LOW	< 1,000	[11/08/23] * Due to the high prevalence of asymptomatic carriage of toxigenic C. difficile in infants, testing for CDI should never be routinely recommended for neonates or infants 12 months of age or younger with diarrhea  * C. difficile testing should not be routinely performed in children with diarrhea who are 1-2 years of age unless other infectious or noninfectious causes have been excluded  * In children 2 years of age or older, C. difficile testing is recommended for patients with prolonged or worsening diarrhea and risk factors (eg, underlying inflammatory bowel disease or immunocompromising conditions) or relevant exposures (eg, contact with the healthcare system or recent antibiotics)
Norovirus GI/GII	DETECTED	DETECTED	

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 1

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.

Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.

In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

FOR MORE WOUND/INFECTION PANEL SAMPLE LAB REPORTS, [CLICK HERE](#)



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

CLINIC INFORMATION		PATIENT INFORMATION		SPECIMEN INFORMATION	
Name:	Streamline Pathology Laboratory	Name:	TEST, PATIENT	Lab Accession Number:	S-11082310130
Address:	2868 Acton Road Suite 207 BIRMINGHAM, AL 35243	DOB:	3/31/1995	Date Collected:	11/08/23 2:26:00 PM
Provider:	Test, Doctor MD	Phone:	(777)777-7777	Date Accessedion:	11/08/2023
		Address:	456 MAPLE ST BIRMINGHAM, AL 35243	Date Reported:	11/08/2023
				Faxed to:	18777966185

Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
<b>Gastrointestinal Panel w/ C.Diff Add-On</b>			<b>Collection Type: Stool - Fecal</b>
Adenovirus F40/F41	Not Detected	Not Detected	
Astrovirus	Not Detected	Not Detected	
Campylobacter coli/jejuni/lari/upsaliensis	Not Detected	Not Detected	
Clostridium difficile (tcdA/tcdB)	DETECTED - LOW	< 1,000	[11/08/23] * Due to the high prevalence of asymptomatic carriage of toxigenic C. difficile in infants, testing for CDI should never be routinely recommended for neonates or infants 12 months of age or younger with diarrhea  * C. difficile testing should not be routinely performed in children with diarrhea who are 1-2 years of age unless other infectious or noninfectious causes have been excluded  * In children 2 years of age or older, C. difficile testing is recommended for patients with prolonged or worsening diarrhea and risk factors (eg, underlying inflammatory bowel disease or immunocompromising conditions) or relevant exposures (eg, contact with the healthcare system or recent antibiotics)
Cryptosporidium spp.	Not Detected	Not Detected	
Entamoeba histolytica	Not Detected	Not Detected	
Enterotoxigenic E.coli (ETEC)	Not Detected	Not Detected	
Enteroinvasive E.coli (EIEC)/Shigella spp.	Not Detected	Not Detected	
Shiga-like Toxin producing E.coli (STEC)	Not Detected	Not Detected	
Giardia lamblia	Not Detected	Not Detected	
Norovirus GI/GII	DETECTED	DETECTED	
Rotavirus A	Not Detected	Not Detected	
Salmonella spp.	Not Detected	Not Detected	
Vibrio spp.	Not Detected	Not Detected	
Yersinia enterocolitica	Not Detected	Not Detected	

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 2

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.

Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.

In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

[FOR MORE WOUND/INFECTION PANEL SAMPLE LAB REPORTS, CLICK HERE](#)

## PATHOGENS

• • • • • • • • • • • • • • • •

- Atopobium vaginae
- Chlamydia trachomatis
- Gardnerella vaginalis
- Haemophilus ducreyi
- HHV-1 (Herpes Simplex)
- HHV-2 (Herpes Simplex)
- Neisseria gonorrhoeae
- Treponema pallidum
- Trichomonas vaginalis

For panel offerings, please visit [streamlinesci.com](http://streamlinesci.com)

# STI SAMPLE COLLECTION

If submitting a urine sample: Collect a urine sample from the patient in sterile urine collection cup. Use the provided dropper to add at least 1ml of urine to the Nest ITM tube.

**Note:** Clean-catch urine is not recommended for STI or Candida testing.

.....

If submitting a swab sample: Collect a swab sample from the patient with a synthetic flocked swab by following the instructions below depending on the specimen source:



#### **Vaginal swab:**

1. Remove the swab applicator and collect a specimen by rotating the swab against the wall of the vaginal canal several times for 20-30 seconds.
2. Withdraw the swab without touching the vaginal surface.

#### **Urethral swab:**

1. Gently insert the swab into the urethra (1-2 cm for women, 2-4 cm for men).
2. Rotate the swab in one direction for a minimum of 10 seconds.
3. Withdraw the swab.

\*If an ulcer is the intended specimen source, please refer to wound specimen collection instructions

#### **Valid specimen type for Chlamydia trachomatis/Neisseria gonorrhoeae/Trichomonas vaginalis testing only:**

#### **Throat swab (Oropharyngeal swab):**

1. Insert the swab into the posterior pharynx and tonsillar areas.
2. Rub the swab over both tonsillar pillars and posterior oropharyngeal avoid touching the tongue, teeth, and gums.

#### **Rectal swab:**

1. Insert a sterile swab approximately 2.5 cm into the anal canal.
2. Move the swab from side to side in the anal canal. Allow the swab to remain 10-30 seconds for the absorption of organisms onto the swab.
3. Remove the swab and insert it into a vial containing 1-3ml of transport media.

#### **Disclaimer/Collection - Note:**

PCR tests can be used to confirm a suspicion of the presence of sexually transmitted infections in the routine clinical setting. However, in cases of rape or sexual abuse in children under the age of 15, confirmatory testing (along with the appropriate chain of custody as outlined by the CDC) should be performed as recommended by the CDC.

When collecting a urethral swab or urine specimen from a male or female patient, the patient should not have urinated for **at least an hour** before the specimen is collected. The first-morning urine specimen is preferred due to a large number of cells usually present.

**NOTE:** Certain organisms are intracellular; therefore, there must be enough human cells present to detect the organism.



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

### CLINIC INFORMATION

Name: Streamline Pathology Laboratory  
Address: 2868 Acton Road Suite 207 BIRMINGHAM, AL 35243  
Provider: Test, Doctor MD

### PATIENT INFORMATION

Name: TEST, PATIENT  
DOB: 3/31/1995 Sex: M  
Phone: (777)777-7777  
Address: 456 MAPLE ST BIRMINGHAM, AL 35243

### SPECIMEN INFORMATION

Lab Accession Number: S-11082310192  
Date Collected: 11/08/23 10:41:00 PM  
Date Accessedioned: 11/08/2023  
Date Reported: 11/08/2023  
Faxed to: 18777966185

### Controls

Panel Positive Control <sup>1</sup> PASS  
Panel Negative Control <sup>2</sup> PASS

(1) Positive control is synthetic inactive pathogen

(2) Negative Control contains primers, probe, and enzymes with no DNA/RNA template

(3) A "Detected" result indicates the presence of a pathogen (99.99% confidence) above the assay cutoff.

Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
<b>SUMMARY Sexually Transmitted Infection Pathogens</b> <span style="float: right;">Collection Type: Urine</span>			
Gardnerella vaginalis	DETECTED - LOW	< 1,000	
Neisseria gonorrhoeae	DETECTED	DETECTED	[11/08/23] N.gonorrhoeae was detected by PCR and is a Notifiable Pathogen per ADPH. Result to be confirmed by lab before reporting to ADPH. The required time for the ordering provider to notify ADPH is within 5 days from receipt of report.

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 1

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.  
Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.  
In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

[FOR MORE STI PANEL SAMPLE LAB REPORTS, CLICK HERE](#)



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

### CLINIC INFORMATION

Name: Streamline Pathology Laboratory  
Address: 2868 Acton Road Suite 207 BIRMINGHAM, AL 35243  
Provider: Test, Doctor MD

### PATIENT INFORMATION

Name: TEST, PATIENT  
DOB: 3/31/1995 Sex: M  
Phone: (777)777-7777  
Address: 456 MAPLE ST BIRMINGHAM, AL 35243

### SPECIMEN INFORMATION

Lab Accession Number: S-11082310192  
Date Collected: 11/08/23 10:41:00 PM  
Date accessioned: 11/08/2023  
Date reported: 11/08/2023  
Faxed to: 18777966185

Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
<b>Sexually Transmitted Infection Pathogens</b>			
Atopobium vaginae	Not Detected	Not Detected	
Chlamydia trachomatis	Not Detected	Not Detected	
Gardnerella vaginalis	DETECTED - LOW	< 1,000	
Haemophilus ducreyi	Not Detected	Not Detected	
HHV-1 (Herpes Simplex Virus)	Not Detected	Not Detected	
HHV-2 (Herpes Simplex Virus)	Not Detected	Not Detected	
Neisseria gonorrhoeae	DETECTED	DETECTED	[11/08/23] N.gonorrhoeae was detected by PCR and is a Notifiable Pathogen per ADPH. Result to be confirmed by lab before reporting to ADPH. The required time for the ordering provider to notify ADPH is within 5 days from receipt of report.
Treponema pallidum	Not Detected	Not Detected	
Trichomonas vaginalis	Not Detected	Not Detected	

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 2

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.

Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.

In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

FOR MORE STI PANEL SAMPLE LAB REPORTS, [CLICK HERE](#)

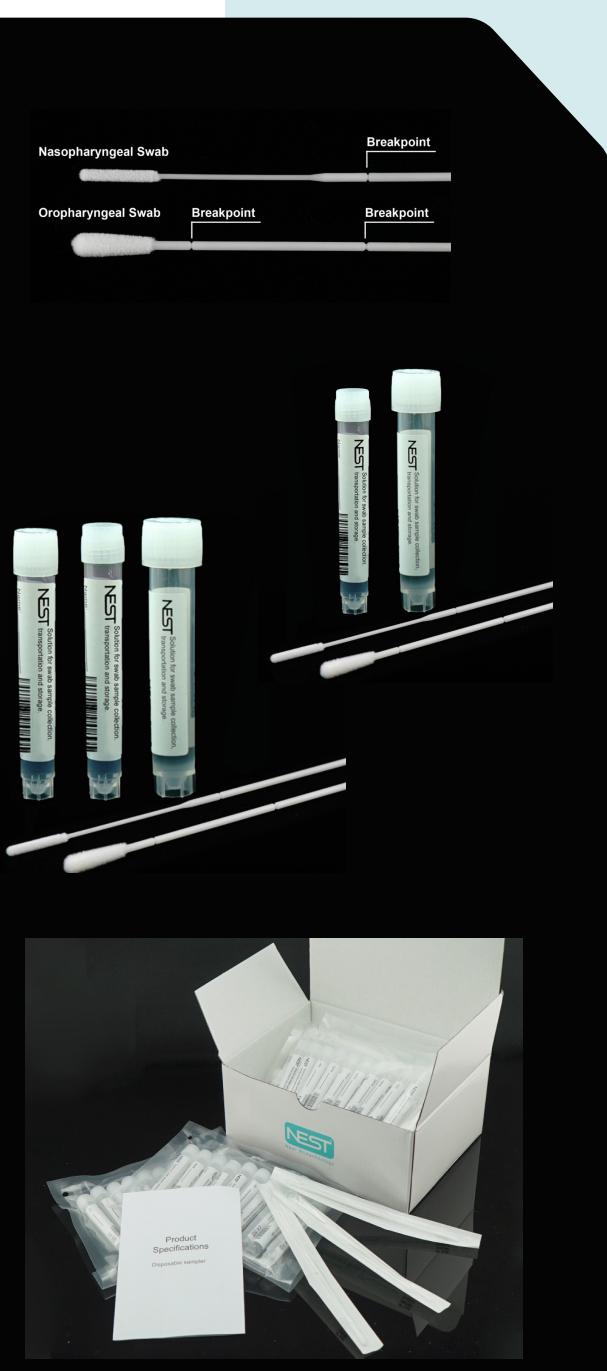
# VAGINITIS PANEL

## PATHOGENS

---

- Atopobium vaginae
- Bacteroides fragilis
- BVAB-2
- Candida albicans
- Candida dubliniensis
- Candida glabrata
- Candida krusei
- Candida lusitaniae
- Candida parapsilosis
- Candida tropicalis
- Chlamydia trachomatis
- Enterococcus spp.
- Escherichia coli
- Gardnerella vaginalis
- Haemophilus ducreyi
- HHV-1 (Herpes Simplex)
- HHV-2 (Herpes Simplex)
- Lactobacillus crispatus
- Lactobacillus gasseri
- Lactobacillus iners
- Lactobacillus jensenii
- Megasphaera Type 1
- Megasphaera Type 2
- Mobiluncus curtisii
- Mobiluncus mulieris
- Mycoplasma genitalium
- Mycoplasma hominis
- Neisseria gonorrhoeae
- Prevotella bivia
- Staphylococcus aureus
- Streptococcus agalactiae (Group B)
- Treponema pallidum
- Trichomonas vaginalis
- Ureaplasma urealyticum

# VAGINITIS SAMPLE COLLECTION



Collect a vaginal sample from the patient using a synthetic flocked swab by inserting the swab into the vagina and turn the swab 3 times.

## Disclaimer/Collection Note:

PCR tests can be used to confirm a suspicion of the presence of sexually transmitted infections in the routine clinical setting. However, in cases of rape or sexual abuse in children under the age of 15, confirmatory testing (along with the appropriate chain of custody as outlined by the CDC) should be performed as recommended by the CDC.

**NOTE:** Certain organisms are intracellular; therefore, there must be enough human cells present to detect the organism.



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

### CLINIC INFORMATION

Name: Streamline Pathology Laboratory  
Address: 2868 Acton Road Suite 207 BIRMINGHAM, AL 35243  
Provider: Test, Doctor MD

### PATIENT INFORMATION

Name: TEST, PATIENT  
DOB: 3/31/1995 Sex: M  
Phone: (777)777-7777  
Address: 456 MAPLE ST BIRMINGHAM, AL 35243

### SPECIMEN INFORMATION

Lab Accession Number: S-11082310190  
Date Collected: 11/08/23 10:24:00 PM  
Date Accessedioned: 11/08/2023  
Date Reported: 11/08/2023  
Faxed to: 18777966185

### Controls

Panel Positive Control <sup>1</sup> PASS  
Panel Negative Control <sup>2</sup> PASS

(1) Positive control is synthetic inactive pathogen

(2) Negative Control contains primers, probe, and enzymes with no DNA/RNA template

(3) A "Detected" result indicates the presence of a pathogen (99.99% confidence) above the assay cutoff.

Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
<b>SUMMARY Vaginitis Pathogens</b> Collection Type: Vaginal swab (specimen)			
BVAB-2	DETECTED - LOW	< 1,000	
Candida parapsilosis	DETECTED - MEDIUM	1,000 - 10,000	
Lactobacillus jensenii	DETECTED - MEDIUM	10,000 - 100,000	
Prevotella bivia	DETECTED - HIGH	> 100,000	

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 1

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.

Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.

In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

FOR MORE VAGINITIS PANEL SAMPLE LAB REPORTS, [CLICK HERE](#)



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

CLINIC INFORMATION		PATIENT INFORMATION		SPECIMEN INFORMATION	
Name:	Streamline Pathology Laboratory	Name:	TEST, PATIENT	Lab Accession Number:	S-11082310190
Address:	2868 Acton Road Suite 207 BIRMINGHAM, AL 35243	DOB:	3/31/1995	Sex:	M
Provider:	Test, Doctor MD	Phone:	(777)777-7777	Date Collected:	11/08/23 10:24:00 PM
		Address:	456 MAPLE ST BIRMINGHAM, AL 35243	Date Accessedioned:	11/08/2023
				Date Reported:	11/08/2023
				Faxed to:	18777966185

Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
<b>Vaginitis Pathogens</b>			<b>Collection Type: Vaginal swab (specimen)</b>
Atopobium vaginae	Not Detected	Not Detected	
Bacteroides fragilis	Not Detected	Not Detected	
<b>BVAB-2</b>	<b>DETECTED - LOW</b>	< 1,000	
Candida albicans	Not Detected	Not Detected	
Candida dubliniensis	Not Detected	Not Detected	
Candida glabrata	Not Detected	Not Detected	
Candida krusei	Not Detected	Not Detected	
Candida lusitaniae	Not Detected	Not Detected	
<b>Candida parapsilosis</b>	<b>DETECTED - MEDIUM</b>	1,000 - 10,000	
Candida tropicalis	Not Detected	Not Detected	
Chlamydia trachomatis	Not Detected	Not Detected	
Enterococcus spp.	Not Detected	Not Detected	
Escherichia coli	Not Detected	Not Detected	
Gardnerella vaginalis	Not Detected	Not Detected	
Haemophilus ducreyi	Not Detected	Not Detected	
HHV-1 (Herpes Simplex Virus)	Not Detected	Not Detected	
HHV-2 (Herpes Simplex Virus)	Not Detected	Not Detected	
Lactobacillus crispatus	Not Detected	Not Detected	
Lactobacillus gasseri	Not Detected	Not Detected	
Lactobacillus iners	Not Detected	Not Detected	
<b>Lactobacillus jensenii</b>	<b>DETECTED - MEDIUM</b>	10,000 - 100,000	
Megasphaera Type 1	Not Detected	Not Detected	
Megasphaera Type 2	Not Detected	Not Detected	
Mobiluncus curtisi	Not Detected	Not Detected	
Mobiluncus mulieris	Not Detected	Not Detected	
Mycoplasma genitalium	Not Detected	Not Detected	
Mycoplasma hominis	Not Detected	Not Detected	
Neisseria gonorrhoeae	Not Detected	Not Detected	
<b>Prevotella bivia</b>	<b>DETECTED - HIGH</b>	> 100,000	
Staphylococcus aureus	Not Detected	Not Detected	
Streptococcus agalactiae (GBS)	Not Detected	Not Detected	
Treponema pallidum	Not Detected	Not Detected	

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 2

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.

Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.

In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

FOR MORE VAGINITIS PANEL SAMPLE LAB REPORTS, [CLICK HERE](#)



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

### CLINIC INFORMATION

Name: Streamline Pathology Laboratory  
Address: 2868 Acton Road Suite 207 BIRMINGHAM, AL 35243  
Provider: Test, Doctor MD

### PATIENT INFORMATION

Name: TEST, PATIENT  
DOB: 3/31/1995 Sex: M  
Phone: (777)777-7777  
Address: 456 MAPLE ST BIRMINGHAM, AL 35243

### SPECIMEN INFORMATION

Lab Accession Number: S-11082310190  
Date Collected: 11/08/23 10:24:00 PM  
Date accessioned: 11/08/2023  
Date reported: 11/08/2023  
Faxed to: 18777966185

Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
Trichomonas vaginalis	Not Detected	Not Detected	
Ureaplasma urealyticum	Not Detected	Not Detected	

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 3

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.

Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.

In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

FOR MORE VAGINITIS PANEL SAMPLE LAB REPORTS, [CLICK HERE](#)

# GASTROINTESTINAL PANEL

## PATHOGENS

---

- Adenovirus
- Astrovirus
- Campylobacter (coli, jejuni, lari)
- Clostidium difficile
  - c. difficile toxin A
  - c. difficile toxin B
- Escherichia coli (VTEC)
  - Shiga-toxin 1
  - Shiga-toxin 2
  - E.Coli )157
- Norovirus GI
- Norovirus GII
- Rotavirus
- Salmonella spp.
- Sapovirus
- Shigella spp.
- Yersinia enterocolitica

For panel offerings, please visit [streamlinesci.com](http://streamlinesci.com)

# GASTROINTESTINAL SAMPLE COLLECTION



Collect a gastrointestinal stool specimen sample or a rectal swab from the patient using a swab with Cary Blair buffer (ex: Copan FecalSwab). Use the Cary Blair buffer specimen collection swab for the transport of either specimen swab or rectal swab by using the following instructions:

- 1. Remove the swab and transport tube from the packaging. Do not contaminate.
- 2. For stool specimen swabs, carefully collect a portion of the specimen by placing the swab tip directly into the specimen.
- 3. For rectal swabs, insert the tip of the swab approximately 1 inch beyond the anal sphincter.
- 4. Carefully rotate the swab to sample the anal crypts, then withdraw the swab.



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

### CLINIC INFORMATION

Name: Streamline Pathology Laboratory  
Address: 2868 Acton Road Suite 207 BIRMINGHAM, AL 35243  
Provider: Test, Doctor MD

### PATIENT INFORMATION

Name: TEST, PATIENT  
DOB: 3/31/1995 Sex: M  
Phone: (777)777-7777  
Address: 456 MAPLE ST BIRMINGHAM, AL 35243

### SPECIMEN INFORMATION

Lab Accession Number: S-11082310130  
Date Collected: 11/08/23 2:26:00 PM  
Date Accessedioned: 11/08/2023  
Date Reported: 11/08/2023  
Faxed to: 18777966185

### Controls

Panel Positive Control <sup>1</sup>  
Panel Negative Control <sup>2</sup>

PASS  
PASS

(1) Positive control is synthetic inactive pathogen

(2) Negative Control contains primers, probe, and enzymes with no DNA/RNA template

(3) A "Detected" result indicates the presence of a pathogen (99.99% confidence) above the assay cutoff.

Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
<strong>SUMMARY Gastrointestinal Panel w/ C.Diff Add-On</strong>			
Clostridium difficile (tcdA/tcdB)	DETECTED - LOW	< 1,000	[11/08/23] * Due to the high prevalence of asymptomatic carriage of toxigenic C. difficile in infants, testing for CDI should never be routinely recommended for neonates or infants 12 months of age or younger with diarrhea  * C. difficile testing should not be routinely performed in children with diarrhea who are 1-2 years of age unless other infectious or noninfectious causes have been excluded  * In children 2 years of age or older, C. difficile testing is recommended for patients with prolonged or worsening diarrhea and risk factors (eg, underlying inflammatory bowel disease or immunocompromising conditions) or relevant exposures (eg, contact with the healthcare system or recent antibiotics)
Norovirus GI/GII	DETECTED	DETECTED	

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 1

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.  
Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.

In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

FOR MORE GASTROINTESTINAL PANEL SAMPLE LAB REPORTS, [CLICK HERE](#)



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

### CLINIC INFORMATION

Name: Streamline Pathology Laboratory  
Address: 2868 Acton Road Suite 207 BIRMINGHAM, AL 35243  
Provider: Test, Doctor MD

### PATIENT INFORMATION

Name: TEST, PATIENT  
DOB: 3/31/1995 Sex: M  
Phone: (777)777-7777  
Address: 456 MAPLE ST BIRMINGHAM, AL 35243

### SPECIMEN INFORMATION

Lab Accession Number: S-11082310130  
Date Collected: 11/08/23 2:26:00 PM  
Date Accessedion: 11/08/2023  
Date Reported: 11/08/2023  
Faxed to: 18777966185

Gastrointestinal Panel w/ C.Diff Add-On			
Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
Collection Type: Stool - Fecal			
Adenovirus F40/F41	Not Detected	Not Detected	
Astrovirus	Not Detected	Not Detected	
Campylobacter coli/jejuni/lari/upsaliensis	Not Detected	Not Detected	
Clostridium difficile (tcdA/tcdB)	DETECTED - LOW	< 1,000	[11/08/23] * Due to the high prevalence of asymptomatic carriage of toxigenic C. difficile in infants, testing for CDI should never be routinely recommended for neonates or infants 12 months of age or younger with diarrhea  * C. difficile testing should not be routinely performed in children with diarrhea who are 1-2 years of age unless other infectious or noninfectious causes have been excluded  * In children 2 years of age or older, C. difficile testing is recommended for patients with prolonged or worsening diarrhea and risk factors (eg, underlying inflammatory bowel disease or immunocompromising conditions) or relevant exposures (eg, contact with the healthcare system or recent antibiotics)
Cryptosporidium spp.	Not Detected	Not Detected	
Entamoeba histolytica	Not Detected	Not Detected	
Enterotoxigenic E.coli (ETEC)	Not Detected	Not Detected	
Enteroinvasive E.coli (EIEC)/Shigella spp.	Not Detected	Not Detected	
Shiga-like Toxin producing E.coli (STEC)	Not Detected	Not Detected	
Giardia lamblia	Not Detected	Not Detected	
Norovirus GI/GII	DETECTED	DETECTED	
Rotavirus A	Not Detected	Not Detected	
Salmonella spp.	Not Detected	Not Detected	
Vibrio spp.	Not Detected	Not Detected	
Yersinia enterocolitica	Not Detected	Not Detected	

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 2

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.

Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.

In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

FOR MORE GASTROINTESTINAL PANEL SAMPLE LAB REPORTS, [CLICK HERE](#)

# FUNGAL INFECTION PANEL

## PATHOGENS

- Alternaria spp.
- Aspergillus spp.
- Fusarium spp.
- Scytalidium dimidiatum
- Sarocladium strictum
- Candida albicans
- Candida glabrata
- Candida krusei
- Candida parapsilosis
- Candida tropicalis
- Cryptococcus spp.
- Malassezia spp.
- Meyerozyma guillermondii
- Trichophyton anthropophilic spp.
- Trichophyton zoophilic spp.
- Mircosporum canis

## BACTERIA ADD ON

- Pseudomonas aeruginosa

## ABX RESISTANCE MARKER

- Methicillin/Oxacillin (mecA)

# FUNGAL SPECIMEN COLLECTION

## ACCEPTABLE SPECIMENS:

Nail clippings and skin scrapings in a dry collection tube. If a wound is infected, the area should be collected by a swab in liquid amies media.

### DIRECTIONS FOR COLLECTING A NAIL CLIPPING

1. Wipe the nail collection site with 70% isopropyl alcohol.
2. Debride and discard nail clippings.
3. Obtain specimen from the most proximal area of nail and hyponychium. Minimum specimen amount size of nail and subungual debris is 3mm to 6mm (small pieces to obtain this size are preferred).
4. Use a curette to obtain any additional subungual debris.
5. Place the dry nail sample and debris into a dry sterile tube.

### DIRECTIONS FOR A SKIN SCRAPING

1. Remove any traces of skin products, medications, or surface contaminants by wiping the area with a 70% isopropyl alcohol wipe.
2. Choose the best area to scrape by determining where fungal growth is most active.
3. Scrape the skin using a scalpel held at a blunt angle into dry collection tube. The greater amount of specimen, the better the result.

### DIRECTIONS FOR A WOUND COLLECTION

1. Cleanse and debride the infected area with 70% isopropyl alcohol using sterile gauze. Saline can be used if there is an open wound.
2. Exudate and brushing of the base of the infected area (including advancing margins) should be collected using the swab. Without contaminating the swab, place the swab in the media.



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

### CLINIC INFORMATION

Name: Streamline Pathology Laboratory  
Address: 2868 Acton Road Suite 207 BIRMINGHAM, AL 35243  
Provider: Test, Doctor MD

### PATIENT INFORMATION

Name: TEST, PATIENT  
DOB: 3/31/1995 Sex: M  
Phone: (777)777-7777  
Address: 456 MAPLE ST BIRMINGHAM, AL 35243

### SPECIMEN INFORMATION

Lab Accession Number: S-11082310182  
Date Collected: 11/08/23 9:52:00 PM  
Date Accessedioned: 11/08/2023  
Date Reported: 11/08/2023  
Faxed to: 18777966185

### Controls

Panel Positive Control <sup>1</sup> PASS  
Panel Negative Control <sup>2</sup> PASS

(1) Positive control is synthetic inactive pathogen

(2) Negative Control contains primers, probe, and enzymes with no DNA/RNA template

(3) A "Detected" result indicates the presence of a pathogen (99.99% confidence) above the assay cutoff.

Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
SUMMARY Fungal Infection Panel w/ Bacterial Add-On_v2			
Cryptococcus spp.	DETECTED - MEDIUM	1,000 - 100,000	
Microsporum canis	DETECTED - HIGH	> 100,000	

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 1

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.

Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.

In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

FOR MORE FUNGAL INFECTION PANEL SAMPLE LAB REPORTS, [CLICK HERE](#)



## Molecular PCR Summary Lab Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: 2058226321  
Clia ID: 01D2074949

### CLINIC INFORMATION

Name: Streamline Pathology Laboratory  
Address: 2868 Acton Road Suite 207 BIRMINGHAM, AL 35243  
Provider: Test, Doctor MD

### PATIENT INFORMATION

Name: TEST, PATIENT  
DOB: 3/31/1995 Sex: M  
Phone: (777)777-7777  
Address: 456 MAPLE ST BIRMINGHAM, AL 35243

### SPECIMEN INFORMATION

Lab Accession Number: S-11082310182  
Date Collected: 11/08/23 9:52:00 PM  
Date Accessedioned: 11/08/2023  
Date Reported: 11/08/2023  
Faxed to: 18777966185

Test Performed	Lab Result (3) (Qualitative Low/Medium/High)	DNA Copy Number	Comments
<b>Fungal Infection Panel w/ Bacterial Add-On_v2</b>			Collection Type: Nail specimen (specimen)
Alternaria spp.	Not Detected	Not Detected	
Aspergillus spp.	Not Detected	Not Detected	
Candida albicans	Not Detected	Not Detected	
Candida glabrata	Not Detected	Not Detected	
Candida krusei	Not Detected	Not Detected	
Candida parapsilosis	Not Detected	Not Detected	
Candida tropicalis	Not Detected	Not Detected	
<b>Cryptococcus spp.</b>	<b>DETECTED - MEDIUM</b>	<b>1,000 - 100,000</b>	
Curvularia spp.	Not Detected	Not Detected	
Epidermophyton floccosum	Not Detected	Not Detected	
Fusarium spp.	Not Detected	Not Detected	
Malassezia spp.	Not Detected	Not Detected	
Meyerozyma guilliermondii	Not Detected	Not Detected	
<b>Microsporum canis</b>	<b>DETECTED - HIGH</b>	<b>&gt; 100,000</b>	
Sarocladium strictum	Not Detected	Not Detected	
Scytalidium dimidiatum	Not Detected	Not Detected	
Trichophyton anthropophilic spp.	Not Detected	Not Detected	
Trichophyton zoophilic spp.	Not Detected	Not Detected	
Trichosporon spp.	Not Detected	Not Detected	
Pseudomonas aeruginosa	Not Detected	Not Detected	
mecA (Methicillin/Oxacillin resistance)	Not Detected	Not Detected	

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, PATIENT

Lab Director: Robert Thomas, MD

Ver. PP231013.1 Page: 2

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.  
Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.  
In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

FOR MORE FUNGAL INFECTION PANEL SAMPLE LAB REPORTS, [CLICK HERE](#)

# CULTURE ID AND SENSITIVITY TESTING

Microbiology testing is not compatible with NEST ITM Collection Devices

Culture ID and Sensitivity Testing must be performed within 48 hours of specimen collection

Typical Turnaround times are 48-72 hours. This time can be extended with mixed result cultures and more complex of pathogen ID'd.

Culture ID and Sensitivity testing is not offered for STI or Vaginitis specimens.



## Culturing and Antibiotic Sensitivity Testing Report

2868 Acton Road, Suite 207  
Birmingham, AL, 35243  
Phone: (855) 319-4459  
CLIA ID: 01-D2074949

### CLINIC INFORMATION

Name: Streamline Pathology Laboratory  
Address: 2868 Acton Road Suite 207 BIRMINGHAM, AL 35243  
Provider: Test, Doctor MD

### PATIENT INFORMATION

Name: TEST, TEST  
DOB: 1/1/2000 Sex: M  
Phone: (405)000-0000  
Address: 123 Test StApt 10 Apt 10 BIRMINGHAM, AL 35213

### SPECIMEN INFORMATION

Lab Accession Number: S-06062310028  
Date Collected: 06/05/23 2:49:00 PM  
Date Accessedioned: 06/05/2023  
Date Reported: 06/06/2023  
Faxed to: 18777966185

### Culture ID and Antibiotic Sensitivity

Summary		Collection Type: Urine clean catch	
Antibiotic Sensitivity Testing	Minimum Inhibitory Concentration (ug/mL)	Susceptibility	Notes
<b>Isolated Organism 1</b>	<i>Escherichia coli</i>		
Organism Semi-Quantification	> 100,000 cfu/mL ug/mL		
Trimethoprim-sulfamethoxazole	<=2 ug/mL	S	
Nitrofurantoin	<=32 ug/mL	S	
Ceftriaxone	<=0.5 ug/mL	S	
Ampicillin	<=8 ug/mL	S	
Ciprofloxacin	<=0.047 ug/mL	S	
Cefazolin	<=1 ug/mL	S	
Gentamicin	<=2 ug/mL	S	
<b>Isolated Organism 2</b>	<i>Streptococcus agalactiae</i>		
Organism Semi-Quantification	10,000 cfu/mL-100,000 cfu/mL ug/mL		
Vancomycin	<=0.25 ug/mL	S	
Penicillin	<=0.12 ug/mL	S	
Clindamycin	>2 ug/mL	R	

Clinic Name: Streamline Pathology Laboratory

Patient name: TEST, TEST

Lab Director: Ty Thomas, MD

Page: 1

Test results must be evaluated with clinical symptoms to diagnose disease. All tests established and validated by Laboratory and not FDA approved unless otherwise indicated.

Methodology statement: Real-time PCR assays are designed to detect pathogens with clinical significance and analytical sensitivity and specificity greater than 99%.

Limitations: While these assays are very sensitive and specific, theoretically these assays could detect pathogens not listed, resulting in a false positive.

In addition, while these assays are very specific, there may be target pathogen sequences with unknown sequence variability which may not be detected, resulting in a false negative result.

FOR MORE VAGINITIS PANEL SAMPLE LAB REPORTS, [CLICK HERE](#)

