



Gastro-ID Case Review

- Patient History: 35yr old healthy female, no history of colitis, diarrhea, change in diet, or current ABX use
- **Symptoms/Disease State:** Patient had abdominal pain and diarrhea for 4 days straight and ended up in the emergency room. CT scan showed inflammation of entire abdomen, results of stool specimen from hospital lab came back negative, and a colonoscopy was scheduled for later that week.
- Why Test was Ordered: It was unknown what was causing pain, diarrhea, and inflammation so Vikor's Gastro ID test was performed.
- Outcome: Results showed Cryptosporidium and EPEC with resistance genes for Macrolides and Tetracycline. Cryptosporidium is a parasite that causes the diarrheal disease cryptosporidiosis. It is spread several different ways but the most common is contaminated drinking water and recreational water. The parasite is protected by an outer shell that allows it to survive outside the body for long periods of time and makes it very tolerant to chlorine disinfection. Because detection of Cryptosporidium can be difficult, patients may be asked to submit several stool samples (at least 3) over several days. Results from colonoscopy diagnosed patient with mild colitis due to infection. Without Vikor's test, the cause of infection would still be unknown. The GI specialist who performed colonoscopy treated patient according to our PharmD's recommendations and shortly thereafter, patient was feeling much better as symptoms lessened.

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Gastro-ID™

Molecular Pathogen Report

22 WestEdge Street 8th Floor Charleston, SC 29403 Ph# (854) 429-1069 Fx# (833) 247-4091 www.vikorscientific.com





Patient Name



Date of Birth

XX-XX-1986





UNDISCLOSED

Facility Information Specimen Information

Ordering Provider: ACC:

Collection Date: 07-26-2021 Report Date: 07-28-2021 Facility:

Received Date: 07-27-2021 **Facility Phone:** Sample Type: Rectal/Stool Swab

Facility Fax: Notes:

Laboratory Results

PATHOGENS DETECTED			
Cryptosporidium	1 x 10^4 copies/uL	50%	
Escherichia EPEC	1 x 10^4 copies/uL	50%	

RESISTANCE GENES DETECTED & POTENTIAL MED CLASS AFFECTED

Macrolides ermB



tetM Tetracycline



ABXAssist™

Pharmacy Guidance Provided by:



Electronically approved on 07-28-2021 by: Margaret Pate Email: pharmconsult@vikorscientific.comPhone: 1-855-742-7635, 1-855-PharmD5

	Drug Allergies:		NKDA
	Notes from Ordering Physicia	n:	
MEDICATION REVIEW	Notes from Pharmacist:		1) Most patients with cryptosporidiosis have mild to moderate symptoms and are able to keep up with their fluid losses without the need for additional therapies during the limited time that symptoms are usually present. However, if symptoms are persistent (>2 weeks) antibiotic therapy may be warranted. Antimicrobial therapy consists of nitazoxanide for three days. If nitazoxanide is not available or not tolerated, paromomycin can be used.
			 Escherichia EPEC: Hydration, avoid antiperistaltic drugs, discontinue empiric antibiotic treatment, especially if child <10 yo. Reserve antibiotics for severe illness.
		•••••	
	Medication	Route	Dose

SAMPLE REPORT





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Patient Name

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FIRST LINE ciprofloxacin oral

500mg BID x3-5 days

Considerations: Covers EPEC.

Fluoroquinolones have been associated with serious and possible irreversible reactions; tendonitis/tendon rupture, peripheral neuropathy, CNS effects. These may occur all together or months after tx. Increased risk in patients over 60 and pt on corticosteroids. Avoid in Myasthenia Gravis and pregnancy. Reserve for pts with no alternative tx options for acute bacterial sinusitis, acute bacterial exacerbation of chronic bronchitis, or uncomplicated UTI. Adjust dose for CrCI <50ml/min.

SECOND LINE

cefixime

oral

400mg PO QD-BID x7-14d

Considerations: Covers EPEC. Renally dose adjusted.

Methodology

The infectious disease and antibiotic resistance detection panels are tested utilizing Real-time PCR technology to detect the presence of genes associated with pathogens and antibiotic resistance via amplification of genomic DNA. Amplification and detection are performed using the Applied Biosystems™ QuantStudio™ 12K Flex Real-time PCR system, which includes the QuantStudio™ 12k Software v1 3 and Thermo Fisher Scientific TaqMan™ assays. The assays are preloaded onto TaqMan™ OpenArray plates.

Limitations

Disclaimer

This test only detects microorganisms and antibiotic resistance (ABR) genes specified in the panel. ABR genes are detected in the specimen and are not specific to a detected pathogen, ABR genes may be detected in bacterial strains not tested for in the panel.

The resistance genes for Ampicillin, selected Extended-Spectrum-Betalactamases, Vancomycin, Carbapenems, Sulfonamide, Trimethoprim, Aminoglycosides and the Quinolone gyrase groupings are assays customized by pooling the individual genes listed in the associated group. If listed as positive, this indicates that at least one of the genes in the group was detected and the class of medication could have potential resistance

This test was developed and its performance characteristics determined by Vikor Scientific . t has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Pharmacy guidance and recommendations therein are not under the purview of the laboratory or agencies which accredit the laboratory.

The treatment guidance listed in the report is based on infectious disease treatment references, the organisms detected, and genes known to contribute to medication resistance. Important clinical information such as comorbidities, renal function, patient weight, platelet count, microbiology results, etc. may influence the overall appropriateness of therapy. The provided guidance only takes drug allergies into account when they are provided and available to the pharmacist making the recommendation. The overall appropriateness of therapy must be determined by the physician treating the patient. The provider has all the patient information necessary to make that determination and should take the entire clinical presentation into account when making treatment decisions. Should the treating physician wish to discuss the provided guidance, the pharmacist is available for consult at the email and phone number provided.

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	XX-XX-1986	undisclosed		UNDISCLOSED
NEGATIVE PATHOGENS	NEGATIVE RESISTANCE GENES	^	NTIBIO	TIC CLASS

NEGATIVE PATHOGENS
Astrovirus
C. Dificille Toxin A & B
Campylobacter jejuni
Entamoeba histolytica
Escherichia EAEC
Escherichia EIEC/Shigella
Escherichia ETEC
Giardia lamblia
H. pylori
Intestinal adenovirus
Norovirus GI/GII
Plesiomonas shigelloides
Rotavirus A
Rotavirus B
Rotavirus C
Salmonella
Sapovirus
Shigella
Staphylococcus aureus, enterotoxins A/B
Vibrio cholerae

NEGATIVE RESISTANCE GENES	ANTIBIOTIC CLASS
aac6-1b/aacA4, ant(3), aph(A6), aac6-1b-cr	Aminoglycosides
ampC, ACC, DHA, ACT/MIR	AmpC beta lactamase
SULL, DFRA	Bactrim
PER-1, PER-2, VEB, blaNDM-1, OXA-1, GES, BlaSHV	Beta-lactams
OXA-23, OXA-40, OXA-58, OXA-72, IMP-16, NDM, biaOXA-48, OXA-48, KPC, VIM, IMP-7	Carbapenems
TEM, TEM E102K, TEM R162S, TEM G238S	Class A Beta-lactams
CTX-M	ClassA Beta-lactamases
ermC, ermA	Macrolides
mecA	Methicillin
mcr-1	Polymyxins
QnrB, Gyrase A D87N_GTT, Gyrase A S83L_TGG, QnrA	Quinolones
VanB, VanA1, VanA2	Vancomycin

Yersinia enterocolitica