



Patient Information

Patient, Test
 DOB: 1/1/1970
 Gender/Age: /56
 SS#: UN: 481200315



Specimen Information

Accession #: **TS26-0023X**
 Procedure Date: **4/21/2026**
 Date Received: 4/21/2026
 Reported On: 4/21/2026



Physician Information

Test Physician, MD
 Test Practice
 300 Columbus Circle Suite A, Edison, NJ 08837
 (866) 909-7284, Fax:(908) 272-1478

1 Urinary Tract Infection Pathogen Panel

Organisms	Results	Estimated Microbial Load	Semi-Quantitative (High/Low)
BACTERIA			
Enterococcus faecalis	Detected	>10 ⁵ cfu/mL	High
YEAST			
Candida albicans	Detected	>10 ⁵ copies/mL	High
STI			
	Not Detected		
Microbial Load: Low ● High ●			Reference Range: Not Detected

2 Antibiotic Resistance Genes

ABRs	Results
ermB	Detected
mecA	Detected
tetM	Detected
Reference Range: Not Detected	

Gene	Class Antibiotics	Example of Antibiotics
ermA,ermB,ermC	Macrolides and lincosamide	Erythromycin, azithromycin,clindamycin
mecA	Methicillin	Methicillin, oxacillin
tetM	Tetracycline	Minocycline, doxycycline

Antibiotic Recommendations - ONECHOICE PLUS (see barcode below)

Amoxicillin 500 mg PO BID-TID x 5 days for possible simple UTI *

Alternative Treatment Options

- Nitrofurantoin (Macrobid) 100 mg PO Q12H x 5 days for possible simple UTI
- Fosfomycin 3 gm PO x 1 dose for possible simple UTI
- Linezolid 600 mg PO/IV Q12H (Standard dosing. Specific dose not defined) x undefined duration for possible simple UTI
- Fluconazole 200-400 mg PO daily x 14 days for possible candiduria (although common colonizer/contaminate)



ONECHOICE PLUS Support, references, and additional drug, dosage, and language options

1 Urinary Tract Infection Pathogen Panel

BACTERIA

- Escherichia coli _____ Proteus mirabilis _____
- Citrobacter freundii _____ Enterococcus faecium _____
- Klebsiella oxytoca _____ Mycoplasma genitalium _____
- Pseudomonas aeruginosa _____ Proteus vulgaris _____
- Staphylococcus aureus _____ Staphylococcus saprophyticus _____
- Ureaplasma urealyticum _____ Enterococcus faecalis _____
- Acinetobacter baumannii _____ Enterobacter aerogenes _____
- Enterobacter cloacae _____ Klebsiella pneumoniae _____
- Morganella morganii _____ Providencia stuartii _____
- Streptococcus agalactiae _____ Streptococcus pyogenes _____
- Ureaplasma parvum _____

STI

- Chlamydia trachomatis _____ Neisseria gonorrhoeae _____
- Trichomonas vaginalis _____

YEAST

- Candida albicans _____ Candida glabrata _____

2 Antibiotic Resistance Genes

- ampC _____ blaOXA48 _____ DFRA _____
- ermA _____ ermB _____ ermC _____
- KPC _____ mecA _____ QnrA _____
- QnrS _____ SULL _____ tetM _____
- vanA _____ vanB _____ vanC _____

Gene	Class Antibiotics	Example of Antibiotics
AmpC	Cephalosporins	Cephalexin, cefdinir, cefazolin, cefixime, ceftriaxone, ceftiofur
blaOXA-48, KPC	Carbapenems	Meropenem, ertapenem, imipenem
ermA, ermB, ermC	Macrolides and lincosamide	Erythromycin, azithromycin, clindamycin
mecA	Methicillin	Methicillin, oxacillin
QnrA, QnrS	Fluoroquinolones	Levofloxacin, ciprofloxacin, delafloxacin, moxifloxacin
vanA, vanB, vanC	Glycopeptide	Vancomycin
SULL, DFRA	Sulfamethoxazole/trimethoprim	Bactrim
tetM	Tetracycline	Minocycline, doxycycline

BILLING CODES:

ICD-10:

Additional Information, Treatment, Consideration

§ Why is this antibiotic recommended?

Enterococcus faecalis can be pathogenic when found in urine samples. Candida was not targeted since it may be a colonizer, found naturally, or a possible contaminant. If concerned, treatment modifications may be needed. Resistance genes were detected in multiple classes, of which tetracycline resistance may limit available treatment options. ‡

§ When should this be treated?

Asymptomatic bacteriuria does not typically need treatment, and microbe detection may not indicate infection. However, treatment may be necessary during pregnancy or prior to urological procedures. Simple UTIs are typically treated for 3 days (fluoroquinolones/TMP-SMX), or 5 days (beta-lactams). In more complicated cases therapy may be extended to 7-14 days. STI treatment is specific to the microbe being treated and antimicrobial being used. ‡

§ Are there any special considerations?

Enterococcus faecalis may have intrinsic resistance to certain antimicrobials, making it difficult to treat. Enterococcus faecalis may require modified dosing and duration. Antibiotics should therefore be used with caution as drug failure is possible. Candida can be part of normal urogenital flora but may be pathogenic in certain scenarios. If concerned, treatment modification may be required. A positive specimen does not always imply infection. ‡

Disclaimer

Arkstone

* Dosing and duration of treatment based on adult patient, with no medical history, normal BMI, renal and hepatic functions, and minimal time required to treat simple infections. Treatment is directed at common pathogens noted above, and the most commonly associated antibiotic resistance based on genes detected. Resistance is variable and drug failure is possible. Additional microbiology workup and treatment modification may be needed. Visit OneChoice Plus for expanded information.

‡ Treatment recommendations provided by Arkstone, based on patent pending methods and algorithms. For education purposes only. This is not a diagnosis. Clinical correlation and physician judgment required when making diagnosis or treatment decisions. Recommendations based on lab results, and limited to specimen source, organisms, resistance, allergies, and ICD10 codes. Patient has not been examined nor their medical history reviewed.

LabGenomics

¹ The estimated microbial load is based on C_{rt} cut off values and their calculated CFU equivalents obtained through determining Linear Dynamic Range covering three orders of magnitude composed of 10 folds serial dilution of 1X10⁶, 1x10⁵ and 1x10⁴ CFU/mL. These are categorized as follows: NOT DETECTED (<10,000 CFU/mL); LOW (10,000 – 100,000 CFU/mL); HIGH (>100,000 CFU/mL)

The Urinary Tract Microbiota Profiling Assay is a real time PCR assay which utilizes TaqMan® probe chemistry from ThermoFisher for the detection of microorganisms commonly associated with urinary tract infections. The assay also detects the presence of the most common antibiotic resistance genes. DNA is extracted from urine using magnetic bead technology on the KingFisher Flex magnetic particle processor. The extracted DNA is processed and analyzed on the QuantStudio 12 K Flex instrument. The assay uses target gene-specific fluorogenic probe to detect target as it accumulates during PCR. This test was developed and its performance characteristics determined by LabGenomics. It has not been cleared or approved by the Food and Drug Administration. However, such clearance/ approval is not required, as the laboratory is regulated and qualified under CLIA to perform high-complexity testing. The test results are not intended to be used as the sole means for clinical diagnosis or patient management. Clinical correlation and physician judgement is required when making a diagnosis or treatment decisions.

² If Antibiotic Resistance Genes (ABR) are detected, but no organisms are detected, it could imply that there are microbes, not included in the panel, that are expressing these genes, or the bacterial load is too low to be detected.