GUIDANCE® PROSTATITIS

Questions?
Please call 800.493.4490
or visit pathnostics.com

Patient:

DOB:
Phone:
MRN#:

Provider:
Facility:
Phone:
Fax:

Case#:
Collection Method: Voided Post Prostatic Massage Urine
Date Collected:
Date Received:
Date Reported:

RESULTS: PATHOGENIC DNA DETECTED

ORGANISM(S) TESTED - DETECTED: (See last page for Organism(s) Tested - Not Detected)

- *Escherichia coli* ≥100,000 cells/mL
- *Viridans Group Streptococcus* 10,000-49,999 cells/mL****

LEGEND S = Pooled Susceptibility Detected R = Pooled Resistance Detected RGD = Resistance Gene(s) Detected	Fosfomycin	Gentamicin	Meropenem	Cefepime	Piperacillin / Tazobactam	Levofloxacin	Ciprofloxacin	Sulfamethoxazole / Trimethoprim	Tetracycline	Amoxicillin / Clavulanate	Ampicillin	Ceftriaxone	Ceftazidime
Formulations	PO	IM/IV	IV	IV	IV	PO/IV	PO/IV	PO/IV	PO	PO	PO/IV	IM/IV	IV
Pooled Antibiotic Susceptibility Testing (P-AST™)	S	S	S	S	S	R	R	R	R	R	R	R	R
Resistance Gene(s) Detected				RGD	RGD					RGD	RGD	RGD	RGD
Pooled MIC Results (µg/mL)	128	4	1	4	16/4								

Organism(s) Tested - Detected: ✓ = Check marks are supportive data and are NOT patient specific.

Escherichia coli	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Viridans Group Streptococcus ****			✓	✓	✓	✓				✓	✓	✓	✓

✓ = Check marks indicate that (a) the FDA has determined the antibiotic is effective against the organism or notes *in vitro* data demonstrating that MIC levels are less than or equal to susceptibility breakpoints, (b) CLSI breakpoints for urine culture are reported, or (c) there is sufficient evidence proving the antibiotic's use. References available on request. Check mark information may change as new evidence on antibiotic efficacy is continuously being published. Note that *in vitro* results may not apply *in vivo*. The health care provider should exercise appropriate medical judgment before prescribing a course of treatment.

Patient: DOB: Case#:

POOLED SUSCEPTIBILITY DETECTED (S):

- Fosfomycin (PO)
- Gentamicin (IM/IV)
- Meropenem (IV)
- Cefepime (IV)
- Piperacillin/Tazobactam (IV)

POOLED RESISTANCE DETECTED (R):

- Levofloxacin (PO/IV)
- Ciprofloxacin (PO/IV)
- Sulfamethoxazole/Trimethoprim (PO/IV)
- Tetracycline (PO)
- Amoxicillin/Clavulanate (PO)
- Ampicillin (PO/IV)
- Ceftriaxone (IM/IV)
- Ceftazidime (IV)

RESISTANCE GENE GROUP(S) DETECTED (RGD):

- ESBL Resistance *
- Methicillin Resistance

RESISTANCE GENE GROUP(S) TESTED - NOT DETECTED:

- Ampicillin Resistance
- Carbapenem resistance
- Quino/Fluoroquinolone

ORGANISM(S) TESTED - NOT DETECTED:

BACTERIA:

- *Acinetobacter baumannii*
- *Actinotignum schaalii*
- *Aerococcus urinae*
- *Alloscardovia omnicolens*
- *Citrobacter freundii*
- *Citrobacter koseri*
- *Coagulase Negative Staph Group* **
- *Corynebacterium riegelii*
- *Enterobacter Group* ***
- *Enterococcus faecalis*
- *Enterococcus faecium*
- *Klebsiella oxytoca*
- *Klebsiella pneumoniae*
- *Morganella morganii*
- *Mycoplasma hominis*
- *Pantoea agglomerans*
- *Proteus mirabilis*
- *Providencia stuartii*
- *Pseudomonas aeruginosa*
- *Serratia marcescens*
- *Staphylococcus aureus*
- *Streptococcus agalactiae*
- *Ureaplasma urealyticum*

YEAST:

- *Candida albicans*
- *Candida auris*
- *Candida glabrata*
- *Candida parapsilosis*

References:

* *ESBL Positive for extended-spectrum beta-lactamases (ESBL) which are enzymes that confer resistance to most beta-lactam antibiotics, including penicillins, cephalosporins, and the monobactam aztreonam. Infections with ESBL producing organisms have been associated with poor outcomes*

** *Coagulase Negative Staphylococcus Group includes: Staphylococcus epidermidis, Staphylococcus haemolyticus, Staphylococcus lugdunensis, and Staphylococcus saprophyticus.*

*** *Enterobacter Group includes: Enterobacter cloacae, and Klebsiella aerogenes (formerly Enterobacter aerogenes)*

**** *Viridans Group Streptococcus includes: Streptococcus anginosus, Streptococcus oralis, and Streptococcus pasteurianus*

Disclaimer: *This test was developed and its performance characteristics determined by Pathnostics. It has not been cleared or approved by the US Food and Drug Administration. The FDA has determined that such clearance or approvals is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical testing.*

Methodology and Clinical Significance: *Microbes and resistance genes are detected through multiplex PCR. Guidance Prostatitis results are reported as: "No pathogenic DNA detected", "Incidental finding: Low cell density pathogenic DNA detected", and "Pathogenic DNA detected". Pathogenic DNA Detected are reported as semi-quantitative values of: "<10,000", "10,000-49,999", "50,000-99,999", or "≥100,000" cells/mL of urine. Resistance genes are either detected or not detected. Pooled minimum inhibitory concentration (MIC) is determined by subjecting the polymicrobial population to a panel of antimicrobial agents. For full methodology visit pathnostics.com/methodology*

Test Limitations: *The syndromic panel is limited to only include primers that identify prostatitis-associated uropathogens previously reported in the scientific literature. Organisms not listed on the test panel will not be detected. In vitro test results may not apply in vivo. Microbial DNA detection may not be indicative of live microbial infection and results must always be considered in the context of the patient's clinical presentation. Antibiotic-resistance (ABR) genes were selected based on prior evidence of their impact on antibiotic resistance. New or unknown resistance genes not included on the panel will not be detected. P-AST™ is not performed on fastidious organisms and does not test for antifungals.*