



Date Of Birth: Gender: Male Ordering Provider (13000076)

Michael Milligan DMD 1404 Eastland Drive Ste#101 Bloomington, IL 61701 309-663-4711

## Sample Information

Accession: 30067614 Specimen: Oral Rinse Collected: 09/16/2014

Received: 09/17/2014 09:10 Reported: 09/19/2014 09:58 Printed: 09/19/2014 09:58

## Result: POSITIVE - 7 PATHOGENIC BACTERIA REPORTED ABOVE THRESHOLD

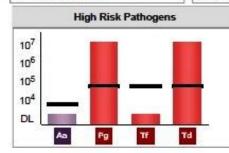
Bacterial Risk: HIGH - Very strong evidence of increased risk for attachment loss



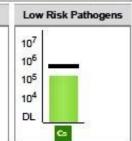


= Pathogen Load Threshold\* DL = Detection Limit

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







п				
			n	

# Porphyromonas gingivalis

## Treponema denticola

# Eubacterium nodatum



# Eikenella corrodens

## Result

### Clinical Significance

## High Very strong association with PD: Transmittable, tissue invasive, and pathogenic at relatively low bacterial counts. Associated with aggressive forms of disease.

#### Low Very strong association with PD: Transmittable, tissue invasive, and pathogenic at relatively low Aa Aggregatibacter actino

	acunomycetemconitans	tacte in courts. Associated with aggressive forms of disease.	
Tf	Tannerella forsythia	Low Very strong association with PD: common pathogen associated with refractory periodontitis. Str	trong

#### Cs Capnocytophaga species Low Some association with PD: Frequently found in gingivitis. Often found in association with other periodontal pathogens. May increase temporarily following active therapy. (gingavalis,ochracea,sputigena)

Not Detected:

(Fn) Fusobacterium nucleatum/periodonticum

# Additional information is available from OralDNA.com on Interpreting Results

Methodology: Genomic DNA is extracted from the submitted sample and tested for 10 species-specific bacteria and 1 genus of bacteria associated with periodontal disease. The bacteria are tested by polymerase chain reaction (PCR) amplification followed by real-time fluorescence detection. Fluorescence readings are interpreted against standard curve data to obtain bacterial concentrations in the sample. Bacterial loads are reported in log copies per mL of sample (e.g. 10°3 = 1000 bacteria copies per mL of collection). "Modified from: Microbiological goals of periodontal therapy; Periodontology 2000, Vol. 42, 2006, 180-218.

Disolatiner: 1. In the event of severe oral or periodontal infections, it is recommended that the clinician consult with an infectious disease specialist or a periodontist. 2. Sample collection for the MyPerioPath. Test should occur prior to various dental rinses, in particular those containing antimicrobials. 3. This test was developed, and its performance characteristics determined by OraiDNA Labs pursuant to CLIA regularments. This test has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approved by the than 500 types of microorganisms are known to reside on the oral cavity and pharynx. Consequently, the possibility of cross-reactivity between each of these organisms and those detected in this assay cannot be excluded. 5. This assay cannot differentiate between Aggregatibacter actinomy cetecomitans and A. segnis; Tannerella forsythia with the following: Bordetella pertussis, Prevotella loeschell, Capnocytophaga haemolytica and Bergeyella zoohelcum; Capnocytophaga species.



Date Of Birth:

Gender: Male

# Sample Information

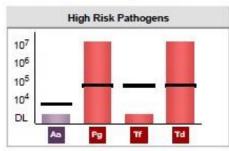
Accession: 30067614 Specimen: Oral Rinse Collected: 09/16/2014 KG

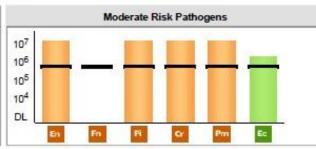


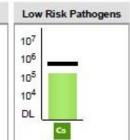
Result: POSITIVE - 7 PATHOGENIC BACTERIA REPORTED ABOVE THRESHOLD

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









### Treatment Considerations

- Office Periodontal Therapy: Protocols to disrupt biofilm and reduce pathogens.
- Systemic Antibiotic Option to Augment Therapy at Clinician's Discretion:

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

Published guidelines suggest (subject to allergy, drug interaction, and other medical considerations) the following as a possible adjunct to treatment based on patient's bacterial profile: Amoxicillin 500 mg tid for 8-10 days (1-3) AND Metronidazole 500 mg bid for 8-10 days (16,17), depending on the severity of infection.

Note: The prescribing doctor is responsible for patient therapy. Consider the patient's dental and medical history (e.g. pregnancy/nursing, diabetes, immuno-suppression, other patient medications) when evaluating the use of antibiotic medications. Many antibiotics may impact/interact with other medications and may produce adverse side effects. Review the manufacturer warmings for any contraindications, or consult with the patient's physician if there are concerns with the selected antibiotic regimen.

- ☑ Home Care: Office recommended procedures to daily disrupt biofilm and reduce pathogens.
- Reassessment: Compare clinical signs and bacterial levels pre- and post-treatment.

   A 2nd sample should be collected six to eight weeks post-therapy.

#### Additional Risk Factors Clinical Medical Diagnostic Type V Refractory Periodontitis; ADA Code 4900 BOP Localized Family History of PD Inflammation/Swelling $\checkmark$ V Generalized Pregnant/Nursing Type IV (>6mm); Advanced Periodontitis; ADA V $\mathbf{V}$ Bone Loss Code 4800 Immunosupressed Type III (4-6mm); Moderate Periodontitis; ADA $\nabla$ Redness/Discoloration Code 4700 Diabetes Halitosis/Malodor Type II (3-4mm); Mild Periodontitis; ADA Code Cardiovascular Disease Type I (1-3mm); Gingivitis; ADA Code 4500 Current Smoker V Good Periodontal Health

Antibiotic Allergies: None Reported

Tooth Numbers	2	16	15	18	31	3
Pocket Depths	9mm	9mm	8mm	8mm	8mm	8mm

Additional information is available from MyOralDNA.com on:

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

Disolalmer: 1. In the event of severe oral or periodontal infections, it is recommended that the clinician consult with an infectious disease specialist or a periodontist. 2. Sample collection for the MyPerioPath Test should occur prior to various dental rinses, in particular those containing antifurcibials. 3. This test was developed, and tils performance characteristics determined by OralDAL tabs pursuant to CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. 4. More than 500 types of microorganisms are known to reside on the oral cavity and pharynx. Consequently, the possibility of cross-reactivity between each of these organisms and those detected in this assay cannot be excluded. 5. This assay cannot differentiate between Aggregatibacter actinomycetecomitans and A. segnis; Tannerella forsythia with the following: Bondeteila pertussis, Prevoteila loescheil, Capnocytophaga haemolytica and Bergeyella zooheicum; Capnocytophaga species.