

Timpone, Patrick

Date Of Birth: 11/07/1946 (71 yrs)
 Gender: Male
 Patient Id: 821
 Patient Location: Oak Hill Wellness Clinic

Ordering Provider

Elena Novak RN
 5920 West William Cannon
 Drive Bldg 6 Suite 150
 Austin, TX 78749
 512-892-0030

Sample Information

Specimen#: 1000097405
 Accession#: 201711-36424
 Specimen: Oral Rinse(P)
 Collected: 10/31/2017
 Received: 11/06/2017 10:40
 Reported: 11/08/2017 15:44

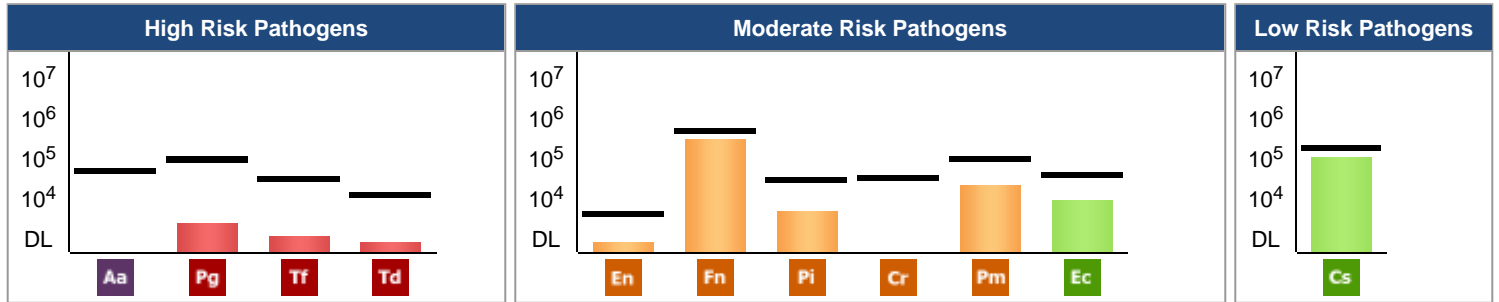
MYPERIOPATH MOLECULAR ANALYSIS OF PERIODONTAL AND SYSTEMIC PATHOGENS

Result: PATHOGENIC BACTERIA DETECTED

Bacterial Risk: LOW - Moderate evidence of increased risk for attachment loss

Legend
 — = Therapeutic 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.



Pathogen	Result	Clinical Significance
Pg Porphyromonas gingivalis	Low	Very strong association with PD: Transmittable, tissue invasive, and pathogenic at relatively low bacterial counts. Associated with aggressive forms of disease.
Tf Tannerella forsythia	Low	Very strong association with PD: common pathogen associated with refractory periodontitis. Strongly related to increasing pocket depths.
Td Treponema denticola	Low	Very strong association with PD: invasive in cooperation with other bacteria. Usually seen in combination with other bacteria.
En Eubacterium nodatum	Low	Strong association with PD: specific role uncertain. Often seen in refractory disease.
Fn Fusobacterium nucleatum/periodonticum	Low	Strong association with PD: adherence properties to several oral pathogens; often seen in refractory disease.
Pi Prevotella intermedia	Low	Strong association with PD: virulent properties similar to Pg; often seen in refractory disease.
Pm Peptostreptococcus (Micromonas) micros	Low	Moderate association with PD: detected in higher numbers at sites of active disease.
Ec Eikenella corrodens	Low	Moderate association with PD: Found more frequently in active sites of disease; often seen in refractory disease.
Cs Capnocytophaga species (gingivalis, ochracea, sputigena)	Low	Some association with PD: Frequently found in gingivitis. Often found in association with other periodontal pathogens. May increase temporarily following active therapy.

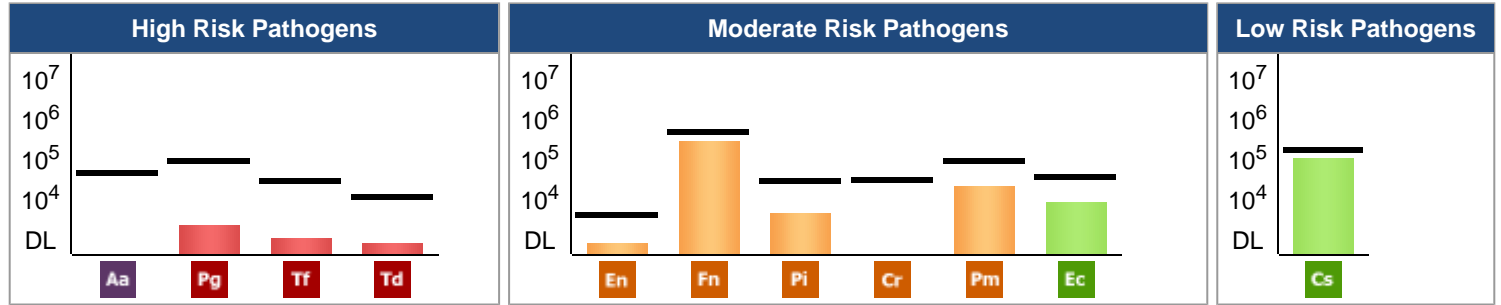
Not Detected: (Aa) Aggregatibacter actinomycetemcomitans, (Cr) Campylobacter rectus

Additional information is available from OralDNA.com

Methodology: Genomic DNA is extracted from the submitted sample and tested for 10 species-specific bacteria and 1 genus of bacteria known to cause periodontal disease. The bacteria are assayed by real-time quantitative polymerase chain reaction (qPCR). Bacterial loads are reported in log copies per mL of sample (e.g. 1x10³ = 1000 bacteria copies per mL of collection). *Modified from: Microbiological goals of periodontal therapy; Periodontology 2000, Vol. 42, 2006, 180-218. This test was developed, and its performance characteristics determined by OralDNA Labs 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.

Result: PATHOGENIC BACTERIA DETECTED

Bacterial Risk: LOW - Moderate 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:** 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 warnings 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	Diagnostic	Medical
BOP <input type="checkbox"/>	Localized <input type="checkbox"/>	Family History of PD <input type="checkbox"/>
Inflammation/Swelling <input type="checkbox"/>	Generalized <input type="checkbox"/>	Pregnant/Nursing <input type="checkbox"/>
Bone Loss <input type="checkbox"/>	Type V Refractory Periodontitis; ADA Code 4900 <input type="checkbox"/>	Immunosuppressed <input type="checkbox"/>
Redness/Discoloration <input type="checkbox"/>	Type IV (>6mm); Advanced Periodontitis; ADA Code 4800 <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Halitosis/Malodor <input type="checkbox"/>	Type III (4-6mm); Moderate Periodontitis; ADA Code 4700 <input type="checkbox"/>	Cardiovascular Disease <input type="checkbox"/>
	Type II (3-4mm); Mild Periodontitis; ADA Code 4600 <input type="checkbox"/>	Current Smoker <input type="checkbox"/>
	Type I (1-3mm); Gingivitis; ADA Code 4500 <input type="checkbox"/>	
	Good Periodontal Health <input type="checkbox"/>	

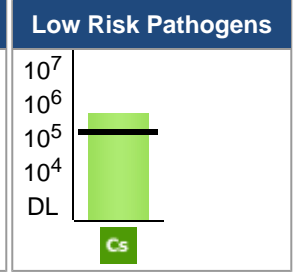
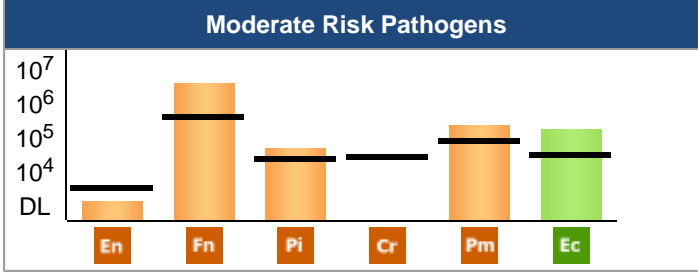
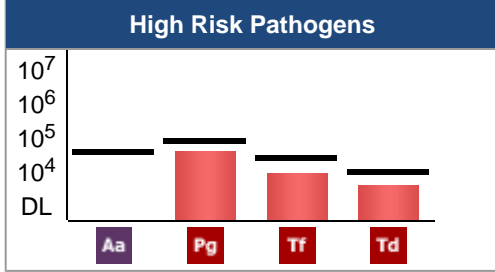
Antibiotic Allergies: None Reported

Additional Clinical Information: This is a retest

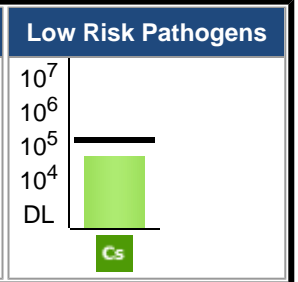
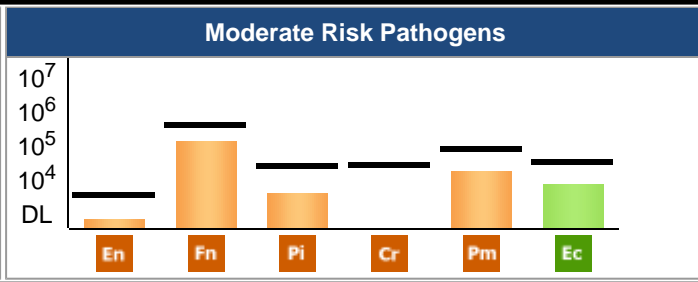
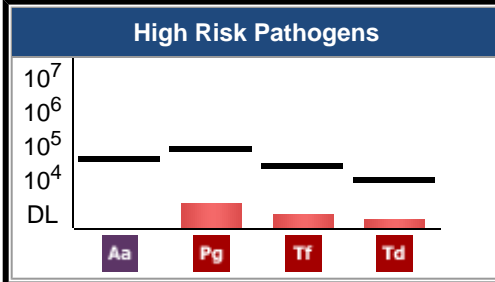
Tooth Numbers					
Pocket Depths					

Additional information is available from OralDNA.com

Previous Test:



Current Test:



Comparison Summary

Since patient's last test on 08/08/2017:

- Total number of pathogens detected has remained unchanged at 9
- High risk pathogens detected have remained unchanged at 3
- Pathogens detected above threshold have decreased from 5 to 0
- Above threshold high risk pathogens have remained unchanged at 0

	BEFORE - 08/08/2017	AFTER - 11/08/2017
Total # Bacteria Present	9	9
Total # Bacteria Above Threshold	5	0
# High Risk Present	3	3
# High Risk Above Threshold	0	0

Doctor's Comparison Observations:

BEFORE - 08/08/2017					
Tooth Numbers					
Pocket Depths					

AFTER - 11/08/2017					
Tooth Numbers					
Pocket Depths					

Additional Clinical Information

Clinical Signs	BEFORE - 08/08/2017	AFTER - 11/08/2017
BOP	<input type="checkbox"/>	<input type="checkbox"/>
Inflammation/Swelling	<input type="checkbox"/>	<input type="checkbox"/>
Bone Loss	<input type="checkbox"/>	<input type="checkbox"/>
Redness/Discoloration	<input type="checkbox"/>	<input type="checkbox"/>
Halitosis/Malodor	<input type="checkbox"/>	<input type="checkbox"/>

	BEFORE - 08/08/2017	AFTER - 11/08/2017
Deepest Pocket		
Infection	NA	NA

Ronald McGlennen MD, FCAP, FACMG, ABMG
Medical Director