TEST PATIENT

TEST PHYSICIAN

DR JOHN DOE



GUa d`Y`HYgh'BUa Y Sex::

DUHY Collected: 00-00-0000

111 CLINIC STF 99H7@-B =7 'GI 6I F6'J =7' \$\$\$

111 H9GH ROAD TEST SUBURB @AB =8: 00000000 UR#:0000000

P: 1300 688 522

E: info@nutripath.com.au A: PO Box 442 Ashburton VIC 3142

GIT ASSESSMENTS

STOOL, SPOT Result Range Units

Faecal Multiplex PCR

PARASITIC PATHOGENS:

Giardia intestinalis: Not Detected
Cryptosporidium species: Not Detected
Dientamoeba fragilis: DETECTED
Entamoeba histolytica: Not Detected
Blastocystis species: DETECTED

BACTERIAL PATHOGENS

Campylobacter species: Not Detected Salmonella species: Not Detected Shigella species: Not Detected Yersinia enterocolitica: Not Detected Aeromonas species: Not Detected

Not Detected results indicate the absence of detectable DNA in this sample for the 10 enteropathogens reported.

Dientamoeba fragilis DETECTED by Multiplex PCR

DNA consistent with the presence of D. fragiliis has been detected using PCR techniques.

Dientamoeba fragiliis appears to be extremely common and may have a cosmopolitan distribution, although there are large variations in prevalence.

Dientamoeba fragilis has been linked to intestinal symptoms, especially in children. The most common symptoms associated with this organism are abdominal pain, intermittent diarrhoea, bloating and anorexia.

If treatment is warranted, metronidazole for 10 days or a single 2g dose of Tinidazole may be used. Tetracycline has also proven effective in adults.

Blastocystis hominis DETECTED by Multiplex PCR

DNA consistent with the presence of B. hominis has been detected using PCR techniques. Blastocystis hominis may be the cause of persistent, mild diarrhoea. It is endemic in Australia, although it may also be associated with recent overseas travel. Detection suggests the ingestion of contaminated material and continued symptoms may require further specimens for the detection of bacterial, viral and/or parasitic pathogens.

If treatment is warranted, metronidazole 400 - 750 mg (child 12-17 mg/kg up to 750 mg) tds for at least 10 days.

Lower dosages are usually associated with treatment failure.

Tests ordered: FaePCR