11-microbes

MICROBE LINK DX
Linking oral microbes to systemic health

FINAL REPORT

Sample, Report

Date Of Birth: 01/01/1970 (56 yrs)
Gender: Female
Patient Id: 920-A
Patient Location: MicrobeLink Dx

Maximum Pocket Depth: 8 mm
Tooth/Teeth: 12 | 13 | 15 | 24 | 25

Ordering Provider

John Doe DDS
370 S. Lowe Ave Suite A #166
Cookeville, TN 38501
615.587.2558

Sample Information

Specimen#: 70000342
Accession#: 202512-06867
Specimen: Paper Points

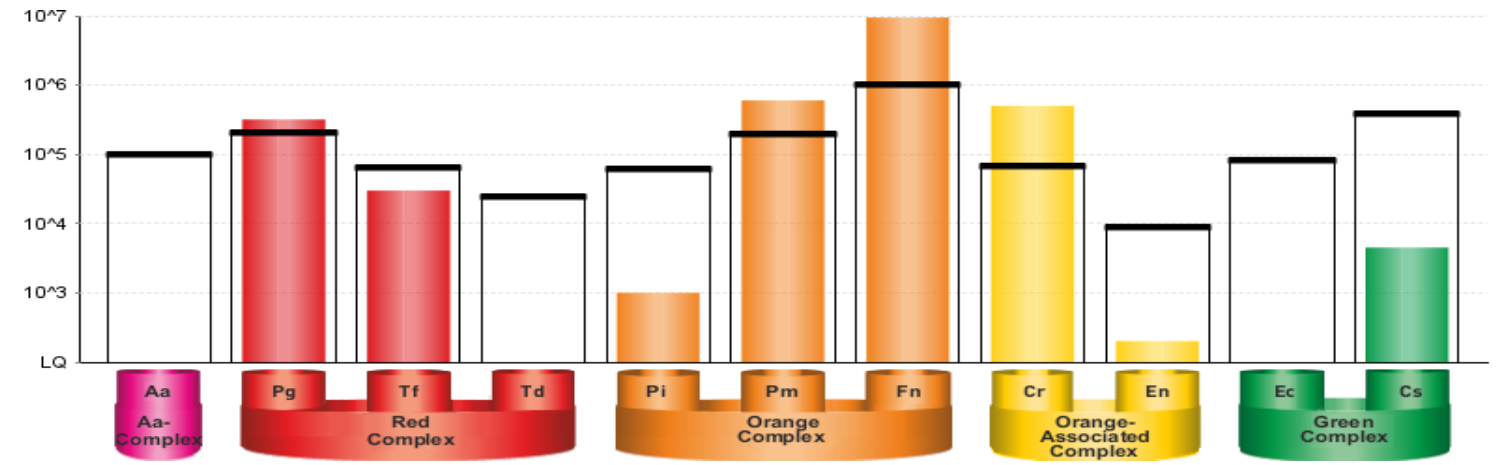
Collected: 12/17/2025
Received: 12/18/2025
Reported: 12/19/2025 12:38

Clinical Comments: None Reported

DNA TEST FOR PERIODONTAL BACTERIA

Results: PATHOGENIC BACTERIA DETECTED,4 ABOVE THRESHOLD Pg Fn Cr Pm

The result graphic displays the bacterial level in genome copies/milliliter in log10 values. The limit of quantification (LQ) is the lowest bacterial level that can be repeatedly measured (10^2). The Reference Lines, displayed as black lines through each bar graph, indicate the mean bacterial level observed in patients with chronic periodontitis AAP Stage I-II. Reference Lines are not to be used as a basis of treatment.



Treatment Considerations: to be determined by the healthcare professional

- **Mechanical/Debridement:** Scaling and root planing (SRP) is a mainstay of therapy to disrupt biofilm, remove plaque and debride compromised tissue. This patient harbors a series of pathogens (Pg, Tf, Pi, Pm) that may be refractory to this treatment.
- **Systemic Antibiotics:** This patient has indicated no allergies.

1 Clindamycin 150 or 300 mg tid for 8-10 days
OR
Azithromycin 500 mg qd for 3 days
As always, use antibiotics with care

OR

*If patient has intolerance to the first choice consider:
2 Ciprofloxacin 500 mg bid for 8-10 days
3 Clarithromycin 500 mg bid for 8-10 days
OR
Azithromycin 500 mg qd for 3 days

- **Local Antibiotics and Chemical Hygiene:** As an adjunct to SRP, sub-antimicrobial doses of doxycycline hyclate lower collagenase activity and reduce periodontal pocket depth. Alternatively, locally delivered antimicrobial agents (LDA) including minocycline microspheres, doxycycline hyclate in an absorbable polymer, or chlorhexidine in a gelatin matrix have been shown to decrease pocket depth modestly.
- **Adjunctive Therapy:** Laser therapy and/or therapeutic rinses can reduce periodontal pocket depth. Prescription tray application of peroxide gel, as an adjunct to frequent periodontal maintenance appointments for refractory patients, demonstrated significant reductions in bleeding on probing.*
- **Periodontal Surgery:** When clinical signs & symptoms of a periodontal infection persist, or periodontal anatomy is not conducive to health, periodontal surgical evaluation and/or intervention may be indicated.

Follow up Recommendations

☑ Good periodontal health depends on compliance of a home care regimen as detailed by your healthcare provider. Daily brushing, flossing, as well as attention to nutrition, proper rest and cessation of smoking are essential.

☑ Follow-up testing between 6-12 weeks with 11-microbes is recommended. Persistence of bleeding on probing is often indicative of unresolved infection. Retesting will identify residual or refractory bacteria.

Methodology: Genomic DNA is extracted from the submitted sample and tested for 10 species-specific bacteria [Aa: Aggregatibacter actinomycetemcomitans, Pg: Porphyromonas gingivalis, Tf: Tannerella forsythia, Td: Treponema denticola, En: Eubacterium nodatum, Fn: Fusobacterium nucleatum/periodontium, Pi: Prevotella intermedia, Cr: Campylobacter rectus, Pm: Peptostreptococcus (Micromonas) micros, Ec: Eikenella corrodens] and 1 genus of bacteria [Cs: Capnocytophaga species (gingavalis, ochracea, sputigena)] known to cause periodontal disease. The bacteria are assayed by real-time quantitative polymerase chain reaction (qPCR). Bacterial levels are reported in log 10 copies per mL of sample (e.g. 1x10^3 = 1000 bacteria copies per mL of collection). Cross-reactivity is possible with Leptotrichia buccalis, Fusobacterium hwasooki, and Capnocytophaga granulosa. This test was performed by Access Genetics LLC, Eden Prairie, MN 55344 855-323-0680. The analytical and performance characteristics of this laboratory-developed test (LDT) weres determined by Access Genetics pursuant to Clinical Laboratory Improvement Amendments (CLIA 88) requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

Medical Director: Ronald McGlennen MD, FCAP, FACMG, ABMG

*perioprotect.com/claims