MYPERIOPATH®

FINAL REPORT

ORALDNA LABS
Innovations in Salivary Diagnostics

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: 30067710
Specimen: Oral Rinse
Collected: 09/18/2014

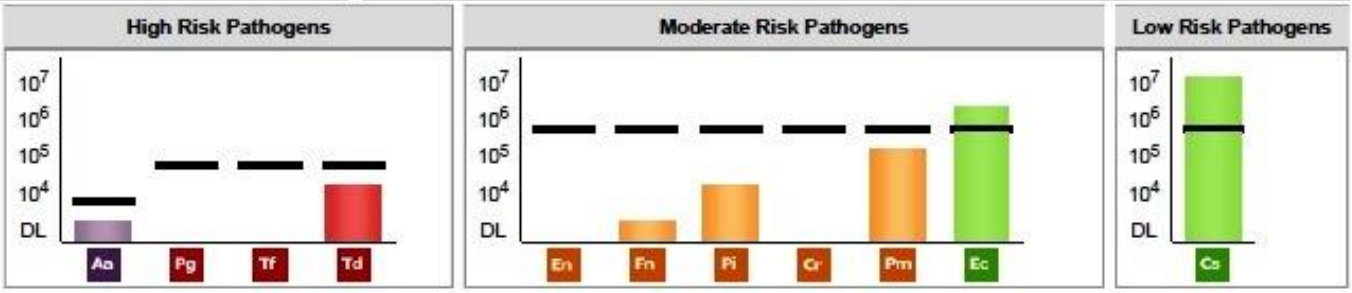
Received: 09/19/2014 10:23
Reported: 09/23/2014 07:00
Printed: 09/23/2014 07:01

Result: POSITIVE - 2 PATHOGENIC BACTERIA REPORTED ABOVE THRESHOLD
Bacterial Risk: MODERATE - Moderate evidence of increased risk for attachment loss

Ec Cs

Legend
▬ = 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.



Pathogen	Result	Clinical Significance
Ec Eikenella corrodens	High	Moderate association with PD: Found more frequently in active sites of disease; often seen in refractory disease.
Cs Capnocytophaga species (gingavalis,ochracea,sputigena)	High	Some association with PD: Frequently found in gingivitis. Often found in association with other periodontal pathogens. May increase temporarily following active therapy.
Aa Aggregatibacter actinomycetemcomitans	Low	Very strong association with PD: Transmittable, tissue invasive, and pathogenic at relatively low bacterial counts. Associated with aggressive forms of disease.
Td Treponema denticola	Low	Very strong association with PD: invasive in cooperation with other bacteria. Usually seen in combination with other bacteria.
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.

Not Detected: (Pg) Porphyromonas gingivalis, (Tf) Tannerella forsythia, (En) Eubacterium nodatum, (Cr) Campylobacter rectus

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.

Disclaimer: 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 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. 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: Bordetella pertussis, Prevotella loeschell, Capnocytophaga haemolytica and Bergeyella zoohelcum; Capnocytophaga species.

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CLINICAL CONSIDERATIONS

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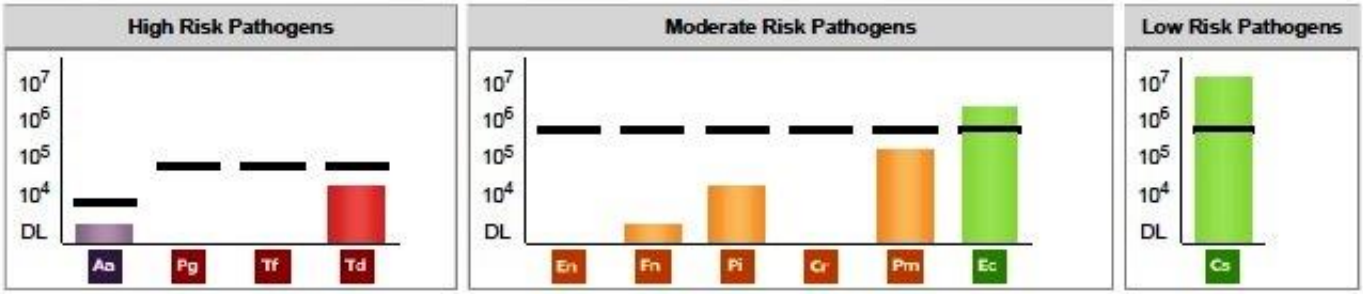

Treatment Considerations

☑ **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, depending on the severity of infection. (1-3)

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	☐	Localized	☐	Type V Refractory Periodontitis; ADA Code 4900	☐	Family History of PD ☐
Inflammation/Swelling	☐	Generalized	☐	Type IV (>6mm); Advanced Periodontitis; ADA Code 4800	☐	Pregnant/Nursing ☐
Bone Loss	☐			Type III (4-6mm); Moderate Periodontitis; ADA Code 4700	☐	Immunosupressed ☐
Redness/Discoloration	☐			Type II (3-4mm); Mild Periodontitis; ADA Code 4600	☐	Diabetes ☐
Halitosis/Malodor	☐			Type I (1-3mm); Gingivitis; ADA Code 4500	☐	Cardiovascular Disease ☐
				Good Periodontal Health	☑	Current Smoker ☐

Antibiotic Allergies: None Reported

Additional Clinical Information: Lp-PLA2 score elevated - Amy Doneen wants to rule out perio causation.

Tooth Numbers	20	31				
Pocket Depths	4mm	4mm				

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

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