GI360™; stool

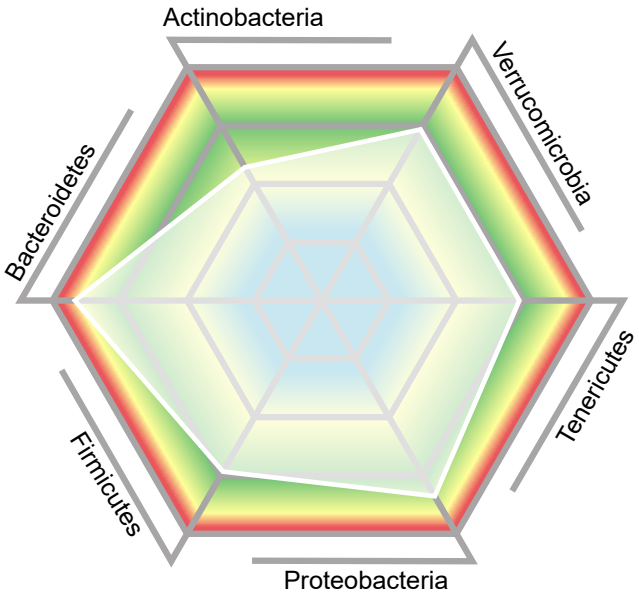
Order: 999999-9999
Client #: 999999
Doctor: Sample Doctor, ND
Doctors Data Inc
123 Main St.
St. Charles, IL 60174 USA

Patient: Sample Patient
Id: 999999 **Client Ref:** ICL220706054
Age: 43 **DOB:** 10/25/1978
Sex: Female

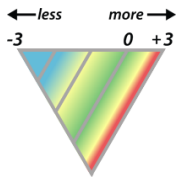
Sample Collection	Date/Time
Date Collected	07/04/2022
Date Received	07/07/2022
Date Reported	07/17/2022
Specimens Collected	3

Microbiome Abundance and Diversity Summary

The abundance and diversity of gastrointestinal bacteria provide an indication of gastrointestinal health, and gut microbial imbalances can contribute to dysbiosis and other chronic disease states. The GI360™ Microbiome Profile is a gut microbiota DNA analysis tool that identifies and characterizes more than 45 targeted analytes across six Phyla using PCR and compares the patient results to a characterized normobiotic reference population. The web chart illustrates the degree to which an individual's microbiome profile deviates from normobiosis.



LEGEND



The web image shows the relative diversity and balance among bacteria belonging to the six primary Phyla. The white shaded area represents the patient's results compared to a normobiotic reference population. The center of the web represents less abundance while the outer edges represent more than normobiotic.

Dysbiosis and Diversity Index

These indexes are calculated from the results of the Microbiome Profile, with scores ranging from 1 to 5, and do not include consideration of dysbiotic and pathogenic bacteria, yeast, parasites and viruses that may be reported in subsequent sections of the GI360™ test.

The Dysbiosis Index the (DI) is calculated strictly from the results of the Microbiome Profile, with scores from 1 to 5. A DI score above 2 indicates dysbiosis; a microbiota profile that differs from the defined normobiotic reference population. The higher the DI above 2, the more the sample deviates from the normobiotic profile. The dysbiosis test and DI does not include consideration of dysbiotic and pathogenic bacteria, yeast, parasites and viruses that may be reported in subsequent sections of the GI360™ test.

A diversity score of 3 indicates an expected amount of diversity, with 4 & 5 indicating an increased distribution of bacteria based on the number of different species and their abundance in the sample, calculated based on Shannon's diversity index. Scores of 1 or 2 indicate less diversity than the defined normobiotic reference population.

Dysbiosis Index

Diversity Score

Key Findings

Butyrate producing bacteria		*Clostridioides difficile* (Toxin A/B), Detected
Gut barrier protective bacteria		RBC, Abnormal
Gut intestinal health marker		*Candida albicans*, Cultured
Pro-inflammatory bacteria		
Gut barrier protective bacteria vs. opportunistic bacteria		

= Expected = Imbalanced

Analyzed by DOCTOR'S DATA, INC. • 3755 Illinois Avenue, St. Charles, IL 60174-2420 USA • LAB DIR: Erlo Roth, MD • CLIA ID: 14D0646470

Microbiome Bacterial Abundance;Multiplex PCR

Order: 999999-9999
Client #: 999999
Doctor: Sample Doctor, ND
Doctors Data Inc
123 Main St.
St. Charles, IL 60174 USA

Patient: Sample Patient
Id: 999999 **Client Ref:** ICL220706054
Age: 43 **DOB:** 10/25/1978
Sex: Female

Sample Collection	Date/Time
Date Collected	07/04/2022
Date Received	07/07/2022
Date Reported	07/17/2022
Specimens Collected	3

LEGEND

-3	-2	-1	0	+1	+2	+3
Very Low		Low	Within Reference Interval	High	Very High	

Results are graphed as deviations from a normobiotic population. Normobiosis or a normobiotic state characterizes a composition of the microbiota profile in which microorganisms with potential health benefits predominate in abundance and diversity over potentially harmful ones.

Actinobacteria	Result	Reference Interval
Actinobacteria	-1	0
Actinomycetales	0	0
Bifidobacterium spp.	0	0

Bacteroidetes	Result	Reference Interval
Alistipes spp.	-1	0
Alistipes onderdonkii	0	0
Bacteroides fragilis	0	0
Bacteroides spp. & *Prevotella* spp.	0	0
Bacteroides spp.	0	0
Bacteroides pectinophilus	0	0
Bacteroides stercoris	0	0
Bacteroides zoogleoformans	0	0
Parabacteroides johnsonii	+3	0
Parabacteroides spp.	+2	0

Firmicutes	Result	Reference Interval
Firmicutes	0	0
Bacilli Class	+1	0
Catenibacterium mitsuokai	0	0

Notes:
The gray-shaded area of the bar graph represents reference values outside the reporting limits for this test.
*This test was developed and its performance characteristics determined by Doctor's Data Laboratories in a manner consistent with CLIA requirements. The U. S. Food and Drug Administration (FDA) has not approved or cleared this test; however, FDA clearance is not currently required for clinical use. The results are not intended to be used as a sole means for clinical diagnosis or patient management decisions.
Methodology: Multiplex PCR

Analyzed by DOCTOR'S DATA, INC. • 3755 Illinois Avenue, St. Charles, IL 60174-2420 USA • LAB DIR: Erlo Roth, MD • CLIA ID: 14D0646470

Microbiome Bacterial Abundance;Multiplex PCR

Order: 999999-9999
Client #: 999999
Doctor: Sample Doctor, ND
Doctors Data Inc
123 Main St.
St. Charles, IL 60174 USA

Patient: Sample Patient
Id: 999999 **Client Ref:** ICL220706054
Age: 43 **DOB:** 10/25/1978
Sex: Female

Sample Collection	Date/Time
Date Collected	07/04/2022
Date Received	07/07/2022
Date Reported	07/17/2022
Specimens Collected	3

Firmicutes	Result	-3 -2 -1 0 +1 +2 +3	Reference Interval
Clostridia Class	0		0
Clostridium methylpentosum	-1		0
Clostridium L2-50	0		0
Coprobacillus cateniformis	0		0
Dialister invisus	0		0
Dialister invisus & Megasphaera micronuciformis	0		0
Dorea spp.	-1		0
Eubacterium biforme	0		0
Eubacterium hallii	-1		0
Eubacterium rectale	0		0
Eubacterium siraeum	0		0
Faecalibacterium prausnitzii	0		0
Lachnospiraceae	0		0
Lactobacillus ruminis & Pediococcus acidilactici	0		0
Lactobacillus spp.	0		0
Phascolarctobacterium spp.	+1		0
Ruminococcus albus & R. bromii	0		0
Ruminococcus gnavus	0		0
Streptococcus agalactiae & Eubacterium rectale	0		0
Streptococcus salivarius ssp. *thermophilus & S. sanguinis*	0		0

Notes:
The gray-shaded area of the bar graph represents reference values outside the reporting limits for this test.
*This test was developed and its performance characteristics determined by Doctor's Data Laboratories in a manner consistent with CLIA requirements. The U. S. Food and Drug Administration (FDA) has not approved or cleared this test; however, FDA clearance is not currently required for clinical use. The results are not intended to be used as a sole means for clinical diagnosis or patient management decisions.
Methodology: Multiplex PCR

Analyzed by DOCTOR'S DATA, INC. • 3755 Illinois Avenue, St. Charles, IL 60174-2420 USA • LAB DIR: Erlo Roth, MD • CLIA ID: 14D0646470

Microbiome Bacterial Abundance;Multiplex PCR

Order: 999999-9999
Client #: 999999
Doctor: Sample Doctor, ND
Doctors Data Inc
123 Main St.
St. Charles, IL 60174 USA

Patient: Sample Patient
Id: 999999 **Client Ref:** ICL220706054
Age: 43 **DOB:** 10/25/1978
Sex: Female

Sample Collection	Date/Time
Date Collected	07/04/2022
Date Received	07/07/2022
Date Reported	07/17/2022
Specimens Collected	3

Firmicutes	Result	-3 -2 -1 0 +1 +2 +3	Reference Interval
Streptococcus salivarius ssp. *thermophilus*	0		0
Streptococcus spp.	+1		0
Veillonella spp.	0		0

Proteobacteria	Result	-3 -2 -1 0 +1 +2 +3	Reference Interval
Proteobacteria	0		0
Enterobacteriaceae	0		0
Escherichia spp.	+1		0
Acinetobacter junii	0		0

Tenericutes	Result	-3 -2 -1 0 +1 +2 +3	Reference Interval
Mycoplasma hominis	0		0

Verrucomicrobia	Result	-3 -2 -1 0 +1 +2 +3	Reference Interval
Akkermansia muciniphila	0		0

Microbiome Abundance Information:

- The GI360™ Microbiome Profile is a focused gut microbiota DNA analysis tool that identifies more than 45 targeted analytes across six phyla using a CE-marked multiplex PCR system. Patient results are compared to a highly defined normobiotic reference population (n > 1,100). The white shadowed web plot within the hexagonal diagram illustrates the degree to which an individual's microbiome profile deviates from normobiosis. The center of the diagram represents less bacterial abundance while the outer edges represent greater than normobiosis. Deviation from a hexagon-shaped plot indicates variant diversity of the microbial community. Key findings for patient's microbiome profile are summarized in the table below the diagram, and detailed results for all of the analytes are presented on the next 3 pages of the report. Detailed results for the specific bacteria are reported as -3 to +3 standard deviations, as compared to the normobiotic reference population.

Notes:
The gray-shaded area of the bar graph represents reference values outside the reporting limits for this test.
*This test was developed and its performance characteristics determined by Doctor's Data Laboratories in a manner consistent with CLIA requirements. The U. S. Food and Drug Administration (FDA) has not approved or cleared this test; however, FDA clearance is not currently required for clinical use. The results are not intended to be used as a sole means for clinical diagnosis or patient management decisions.
Methodology: Multiplex PCR

Analyzed by DOCTOR'S DATA, INC. • 3755 Illinois Avenue, St. Charles, IL 60174-2420 USA • LAB DIR: Erlo Roth, MD • CLIA ID: 14D0646470

GI Pathogens;Multiplex PCR

Order: 999999-9999
Client #: 999999
Doctor: Sample Doctor, ND
Doctors Data Inc
123 Main St.
St. Charles, IL 60174 USA

Patient: Sample Patient
Id: 999999 **Client Ref:** ICL220706054
Age: 43 **DOB:** 10/25/1978
Sex: Female

Sample Collection	Date/Time
Date Collected	07/04/2022
Date Received	07/07/2022
Date Reported	07/17/2022
Specimens Collected	3

Viruses	Result
Adenovirus F40/41	Negative
Norovirus GI/GII	Negative
Rotavirus A	Negative

Pathogenic Bacteria	Result
Campylobacter (*C. jejuni*, *C. coli* and *C. lari*)	Negative
Clostridioides difficile (Toxin A/B)	Positive
Escherichia coli O157	Negative
Enterotoxigenic *Escherichia coli* (ETEC) lt/st	Negative
Salmonella spp.	Negative
Shiga-like toxin-producing *Escherichia coli* (STEC) stx1/stx2	Negative
Shigella (*S. boydii*, *S. sonnei*, *S. flexneri* & *S. dysenteriae*)	Negative
Vibrio cholerae	Negative

Parasites	Result
Cryptosporidium (*C. parvum* and *C. hominis*)	Negative
Entamoeba histolytica	Negative
Giardia duodenalis (AKA *intestinalis & lamblia*)	Negative

Notes:
Methodology: Multiplex PCR

Analyzed by DOCTOR'S DATA, INC. • 3755 Illinois Avenue, St. Charles, IL 60174-2420 USA • LAB DIR: Erlo Roth, MD • CLIA ID: 14D0646470

Parasitology; Microscopy

Order: 999999-9999
Client #: 999999
Doctor: Sample Doctor, ND
Doctors Data Inc
123 Main St.
St. Charles, IL 60174 USA

Patient: Sample Patient
Id: 999999 **Client Ref:** ICL220706054
Age: 43 **DOB:** 10/25/1978
Sex: Female

Sample Collection	Date/Time
Date Collected	07/04/2022
Date Received	07/07/2022
Date Reported	07/17/2022
Specimens Collected	3

Protozoa	Result
Balantidium coli	Not Detected
Blastocystis spp.	Not Detected
Chilomastix mesnili	Not Detected
Dientamoeba fragilis	Not Detected
Endolimax nana	Not Detected
Entamoeba coli	Not Detected
Entamoeba hartmanni	Not Detected
Entamoeba histolytica/Entamoeba dispar	Not Detected
Entamoeba polecki	Not Detected
Enteromonas hominis	Not Detected
Giardia duodenalis	Not Detected
Iodamoeba bütschlii	Not Detected
Isospora belli	Not Detected
Pentatrichomonas hominis	Not Detected
Retortamonas intestinalis	Not Detected

Cestodes - Tapeworms	Result
Diphyllobothrium latum	Not Detected
Dipylidium caninum	Not Detected
Hymenolepis diminuta	Not Detected
Hymenolepis nana	Not Detected
Taenia	Not Detected

Trematodes - Flukes	Result
Clonorchis sinensis	Not Detected
Fasciola hepatica/Fasciolopsis buski	Not Detected
Heterophyes heterophyes	Not Detected
Paragonimus westermani	Not Detected

Nematodes - Roundworms	Result
Ascaris lumbricoides	Not Detected

Notes:
Methodology: Microscopy

Parasitology; Microscopy

Order: 999999-9999
Client #: 999999
Doctor: Sample Doctor, ND
Doctors Data Inc
123 Main St.
St. Charles, IL 60174 USA

Patient: Sample Patient
Id: 999999 **Client Ref:** ICL220706054
Age: 43 **DOB:** 10/25/1978
Sex: Female

Sample Collection	Date/Time
Date Collected	07/04/2022
Date Received	07/07/2022
Date Reported	07/17/2022
Specimens Collected	3

Nematodes - Roundworms	Result
Capillaria hepatica	Not Detected
Capillaria philippinensis	Not Detected
Enterobius vermicularis	Not Detected
Hookworm	Not Detected
Strongyloides stercoralis	Not Detected
Trichuris trichiura	Not Detected

Other Markers	Result	Reference Interval
Yeast	Many	Not Detected – Rare
RBC	Few	Not Detected – Rare
WBC	Not Detected	Not Detected – Rare
Muscle fibers	Not Detected	Not Detected – Rare
Vegetable fibers	Rare	Not Detected – Few
Charcot-Leyden Crystals	Not Detected	Not Detected
Pollen	Not Detected	Not Detected

Parasitology Information:

- This test is not designed to detect *Cyclospora cayetanensis* or *Microsproridia* spp.
- Intestinal parasites are abnormal inhabitants of the gastrointestinal tract that have the potential to cause damage to their host. The presence of any parasite within the intestine generally confirms that the patient has acquired the organism through fecal-oral contamination. Damage to the host includes parasitic burden, migration, blockage and pressure. Immunologic inflammation, hypersensitivity reactions and cytotoxicity also play a large role in the morbidity of these diseases. The infective dose often relates to severity of the disease and repeat encounters can be additive.
- There are two main classes of intestinal parasites, they include protozoa and helminths. The protozoa typically have two stages; the trophozoite stage that is the metabolically active, invasive stage and the cyst stage, which is the vegetative inactive form resistant to unfavorable environmental conditions outside the human host. Helminths are large, multicellular organisms. Like protozoa, helminths can be either free-living or parasitic in nature. In their adult form, helminths cannot multiply in humans.
- In general, acute manifestations of parasitic infection may involve diarrhea with or without mucus and or blood, fever, nausea, or abdominal pain. However these symptoms do not always occur. Consequently, parasitic infections may not be diagnosed or eradicated. If left untreated, chronic parasitic infections can cause damage to the intestinal lining and can be an unsuspected cause of illness and fatigue. Chronic parasitic infections can also be associated with increased intestinal permeability, irritable bowel syndrome, irregular bowel movements, malabsorption, gastritis or indigestion, skin disorders, joint pain, allergic reactions, and decreased immune function.
- In some instances, parasites may enter the circulation and travel to various organs causing severe organ diseases such as liver abscesses and cysticercosis. In addition, some larval migration can cause pneumonia and in rare cases hyper infection syndrome with large numbers of larvae being produced and found in every tissue of the body.

Notes:
Methodology: Microscopy

Analyzed by DOCTOR'S DATA, INC. • 3755 Illinois Avenue, St. Charles, IL 60174-2420 USA • LAB DIR: Erlo Roth, MD • CLIA ID: 14D0646470

Parasitology; Microscopy

Order: 999999-9999
Client #: 999999
Doctor: Sample Doctor, ND
Doctors Data Inc
123 Main St.
St. Charles, IL 60174 USA

Patient: Sample Patient
Id: 999999 **Client Ref:** ICL220706054
Age: 43 **DOB:** 10/25/1978
Sex: Female

Sample Collection	Date/Time
Date Collected	07/04/2022
Date Received	07/07/2022
Date Reported	07/17/2022
Specimens Collected	3

Parasitology Information:

- **Red Blood Cells** (RBC) in the stool may be associated with a parasitic or bacterial infection, or an inflammatory bowel condition such as ulcerative colitis. Colorectal cancer, anal fistulas, and hemorrhoids should also be ruled out.
- **White Blood Cells** (WBC) and **Mucus** in the stool can occur with bacterial and parasitic infections, with mucosal irritation, and inflammatory bowel diseases such as Crohn's disease or ulcerative colitis
- **Muscle fibers** in the stool are an indicator of incomplete digestion. Bloating, flatulence, feelings of "fullness" may be associated with increase in muscle fibers.
- **Vegetable fibers** in the stool may be indicative of inadequate chewing, or eating "on the run".

Analyzed by DOCTOR'S DATA, INC. • 3755 Illinois Avenue, St. Charles, IL 60174-2420 USA • LAB DIR: Erlo Roth, MD • CLIA ID: 14D0646470

Microbiology

Order: 999999-9999
Client #: 999999
Doctor: Sample Doctor, ND
Doctors Data Inc
123 Main St.
St. Charles, IL 60174 USA

Patient: Sample Patient
Id: 999999 **Client Ref:** ICL220706054
Age: 43 **DOB:** 10/25/1978
Sex: Female

Sample Collection	Date/Time
Date Collected	07/04/2022
Date Received	07/07/2022
Date Reported	07/17/2022
Specimens Collected	3

Pathogenic Bacteria	Result	NG 1+ 2+ 3+ 4+	Reference Interval
Aeromonas spp.	NG		No Growth
Edwardsiella tarda	NG		No Growth
Plesiomonas shigelloides	NG		No Growth
Salmonella group	NG		No Growth
Shigella group	NG		No Growth
Vibrio cholerae	NG		No Growth
Vibrio spp.	NG		No Growth
Yersinia spp.	NG		No Growth

Imbalance Bacteria	Result	NG 1+ 2+ 3+ 4+	Reference Interval
Corynebacterium spp.	2+		No Growth
Klebsiella pneumoniae	1+		No Growth
Rothia dentocariosa	3+		No Growth
Staphylococcus aureus	1+		No Growth
Streptococcus salivarius/vestibularis	2+		No Growth

Yeast	Result	NG 1+ 2+ 3+ 4+	Reference Interval
Candida albicans	1+		0+ – 1+

Microbiology Information:

- **Pathogenic bacteria** consist of known pathogenic bacteria that can cause disease in the GI tract. They are present due to the consumption of contaminated food or water, exposure to animals, fish, or amphibians known to harbor the organism. These organisms can be detected by either Multiplex PCR or microbiology culture.
- **Imbalanced bacteria** are usually neither pathogenic nor beneficial to the host GI tract. Imbalances can occur when there are insufficient levels of beneficial bacteria and increased levels of commensal bacteria. Certain commensal bacteria are reported as dysbiotic at higher levels.
- **Yeast** may normally be present in small quantities on the skin, in the mouth and intestine. While small quantities of yeast may be normal, yeast observed in higher quantities is considered abnormal.

Notes:
NG = No Growth
Methodology: Culture and identification by MALDI-TOF and conventional biochemicals

MALDI-TOF

Analyzed by DOCTOR'S DATA, INC. • 3755 Illinois Avenue, St. Charles, IL 60174-2420 USA • LAB DIR: Erlo Roth, MD • CLIA ID: 14D0646470

Yeast Susceptibilities

Order: 999999-9999
Client #: 999999
Doctor: Sample Doctor, ND
Doctors Data Inc
123 Main St.
St. Charles, IL 60174 USA

Patient: Sample Patient
Id: 999999 **Client Ref:** ICL220706054
Age: 43 **DOB:** 10/25/1978
Sex: Female

Sample Collection	Date/Time
Date Collected	07/04/2022
Date Received	07/07/2022
Date Reported	07/17/2022
Specimens Collected	3

Candida albicans

Natural Agents	Low Sensitivity	High Sensitivity
Berberine*		
Caprylic Acid*		
Allicin (garlic)*		
Uva Ursi*		
Oregano*		
Undecylenic Acid*		
Grapefruit Seed Extract*		

Non-Absorbed Antifungals	Low Sensitivity	High Sensitivity
Nystatin		

Azole Antifungals	Resistant	S-DD	Susceptible
Fluconazole			
Itraconazole			
Ketoconazole			

Susceptibility Information:

- **Natural antifungal** agents may be useful for treatment of patients when organisms display in-vitro susceptibility to these agents. The test is performed by using standardized techniques and filter paper disks impregnated with the listed agent. Relative activity is reported for each natural agent based upon the diameter of the zone of inhibition or no growth zone surrounding the disk. Data based on over 5000 individual observations were used to relate the zone size to the activity level of the agent. A scale of relative activity is defined for the natural agents tested.
- **Non-absorbed antifungals** may be useful for treatment of patients when organisms display in-vitro susceptibility to these agents. The test is performed using standardized commercially prepared disks impregnated with Nystatin. Relative activity is reported based upon the diameter of the zone of inhibition or no growth zone surrounding the disk.
- **Susceptible** results imply that an infection due to the fungus may be appropriately treated when the recommended dosage of the tested antifungal agent is used. **Susceptible - Dose Dependent (S-DD)** results imply that an infection due to the fungus may be treated when the highest recommended dosage of the tested antifungal agent is used. **Resistant** results imply that the fungus will not be inhibited by normal dosage levels of the tested antifungal agent.

Notes:
*This test was developed and its performance characteristics determined by Doctor's Data Laboratories in a manner consistent with CLIA requirements. The U. S. Food and Drug Administration (FDA) has not approved or cleared this test; however, FDA clearance is not currently required for clinical use. The results are not intended to be used as a sole means for clinical diagnosis or patient management decisions.

Analyzed by DOCTOR'S DATA, INC. • 3755 Illinois Avenue, St. Charles, IL 60174-2420 USA • LAB DIR: Erlo Roth, MD • CLIA ID: 14D0646470

Order: 999999-9999
Client #: 999999
Doctor: Sample Doctor, ND
Doctors Data Inc
123 Main St.
St. Charles, IL 60174 USA

Patient: Sample Patient
Id: 999999 **Client Ref:** ICL220706054
Age: 43 **DOB:** 10/25/1978
Sex: Female

Sample Collection	Date/Time
Date Collected	07/04/2022
Date Received	07/07/2022
Date Reported	07/17/2022
Specimens Collected	3

Introduction

This analysis of the stool specimen provides fundamental information about the overall gastrointestinal health of the patient. When abnormal microflora or significant aberrations in intestinal health markers are detected, specific commentaries are presented. If no significant abnormalities are found, commentaries are not presented.

Microbiome Abundance Information

Actinobacteria (phylum)

Actinobacteria is one of the largest bacterial phyla, comprised of Gram-positive bacteria. This phylum includes a wide range of species, with different morphological and physiological characteristics. Significant groups in the human colon include Actinomycetales and Bifidobacteriales. Actinomycetales were inversely associated with clinically significant depression in IBS patients, suggesting these bacteria may be depleted in depressed IBS patients. A strict vegetarian diet may increase the total count of *Actinomyces* spp. compared to following a Western diet.

Bacteroidetes (phylum)

Bacteroidetes make up approximately 28% of the gut microbiota in healthy human adults. They are early colonizers of the infant gut and are amongst the most stable, at a species and strain level, in the host. A low preponderance of Bacteroidetes in relation to Firmicutes has been associated with obesity, though this can increase with weight loss and restricted calorie intake.

***Alistipes* (genus)**

Alistipes does not contribute significantly to short chain fatty acid production. A diet rich in animal protein and fat increases the abundance of *Alistipes.* High abundance of *Alistipes* was identified as a possible predictor of successful weight loss. Increased abundance of *Alistipes* has been correlated with a greater frequency of pain in pediatric irritable bowel syndrome patients. In contrast, *Alistipes onderdonkii* was shown to be decreased in patients diagnosed with ulcerative colitis. Lower abundance of the *Alistipe*s genus has been observed in patients with psoriatic arthritis and pediatric Crohn's disease. *Alistipes* may positively correlate with depression.

***Parabacteroides* (genus)**

The abundance of *Parabacteroides* spp., major anaerobic producers of acetate and succinate is increased with a high fat diet and is positively correlated with body weight. *Parabacteroides* spp., along with certain *Bacteroides* spp., have been shown to distinguish healthy adults from patients with irritable bowel syndrome or ulcerative colitis. Reduced abundance of this group of bacteria has also been linked to Crohn's disease in children. *Parabacteroides* spp. has been found to be less abundant in patients with multiple sclerosis.

Firmicutes (phylum)

The phylum Firmicutes constitutes the most diverse and abundant group of gastrointestinal microbiota which are grouped into four classes, Bacilli, Clostridia, Erysipelotrichia, and Negativicutes. They constitute about 39% of gut bacteria in healthy adults, but may increase to as high as 80% in an imbalanced microbial community.

***Clostridium methylpentosum* (species)**

Appropriate digestion and metabolism of complex dietary carbohydrates from plants drives healthy diversity in the gut microbiota. *Clostridium methylpentosum* ferments the naturally occurring sugar L-rhamnose that is released by microbial breakdown of plant-derived pectin. Rhamnose is fermented to propionate and acetate which are short chain fatty acids that have pivotal regulatory roles in the maintenance of mucosal barrier integrity, gut microbiota balance, post-prandial appetite suppression and normoglycemia. Lower levels of *C. methylpentosum* were reported for children with autism and pervasive developmental disorder compared to neurotypicals controls. Consumption of probiotic yogurt LKM512 containing *Bifidobacterium animalis* (subspecies lactis LKM512) increased the levels of *C. methylpentosum*.

***Dorea* (genus)**

Dorea is a genus within the *Lachnospiraceae* family that is in the Firmicutes phylum. *Dorea* species are known to produce hydrogen and carbon dioxide as end-products of glucose fermentation and may be associated with bloating. Decreased levels of *Dorea* spp. were observed in patients with Parkinson's disease. Recent studies have identified increased levels of *Dorea* spp. in patients diagnosed with IBS, nonalcoholic fatty liver disease and non-alcoholic steatohepatitis, multiple sclerosis and colorectal cancer.

Analyzed by DOCTOR'S DATA, INC. • 3755 Illinois Avenue, St. Charles, IL 60174-2420 USA • LAB DIR: Erlo Roth, MD • CLIA ID: 14D0646470

Order: 999999-9999
Client #: 999999
Doctor: Sample Doctor, ND
Doctors Data Inc
123 Main St.
St. Charles, IL 60174 USA

Patient: Sample Patient
Id: 999999 **Client Ref:** ICL220706054
Age: 43 **DOB:** 10/25/1978
Sex: Female

Sample Collection	Date/Time
Date Collected	07/04/2022
Date Received	07/07/2022
Date Reported	07/17/2022
Specimens Collected	3

Microbiome Abundance Information continued...

***Eubacterium hallii* (species)**

Eubacterium hallii and *Eubacterium rectale* are both part of the *Lachnospiraceae* family that is in the Firmicutes phylum. *E. hallii* and *E. rectale* produce butyrate that is a key regulator of mucosal barrier integrity and function. Decreased levels of *Eubacterium* spp. have been associated with very high protein diets. *Eubacterium hallii* is capable of metabolizing glucose into products with antimicrobial properties.

***Phascolarctobacterium* (genus)**

Phascolarctobacterium are in the Firmicutes phylum. *Phascolarctobacterium* can produce short chain fatty acids, including acetate and propionate, and may be associated with metabolic effects and mental state of the host. Patients diagnosed with major depressive disorder had increased levels of these species. Decreased levels of *Phascolarctobacterium* were found to be associated with Crohn's disease, ulcerative colitis and Alzheimer's disease. Consumption of cruciferous vegetables, such as broccoli, increases the abundance of *Phascolarctobacterium* in the gut.

***Streptococcus* (genus)**

Higher abundance of *S. salivarius* and *S. thermophilus* (Firmicutes phylum) have been associated with a moderate to severe disease course in newly diagnosed ulcerative colitis (UC) patients. These findings are in accordance with a study that showed that UC patients have significantly increased *Streptococcus* spp. and depletion of *Bifidobacterium* spp. Higher levels of *Streptococcus* spp. were also observed in patients with colorectal cancer compared to healthy controls. Administration of *S. salivarius* together with *Bifidobacterium bifidum* was shown to reduce the incidence of acute diarrhea and rotavirus shedding in infants. *S. salivarius* and S. *thermophilus* are also widely used in dairy products like yogurt and cheese.

Proteobacteria (phylum)

Proteobacteria include a wide variety of pathogens, including species within the *Escherichia*, *Shigella Salmonella*, *Vibrio*, and *Helicobacter* genera. The phylum includes a number of species that are permanent residents of the microbiota and capable of inducing nonspecific inflammation and diarrhea when their presence is increased. Proteobacteria make up approximately 2% of the gut microbiota in healthy adults.

***Escherichia* (genus)**

Clinically, *Escherichia* has been reported to contribute to irritable bowel syndrome. *Escherichia* spp. are commonly recovered from inflamed tissues of both Crohn's disease and ulcerative colitis patients. Untreated inflammatory bowel disease patients were shown to have higher abundance of *Escherichia* and lower abundance of *Faecalibacterium prausnitzii*. Increased levels of *Escherichia* were observed in colorectal cancer patients. Patients diagnosed with nonalcoholic steatohepatitis have higher abundance of *Escherichia*. Consumption of a Western diet is positively associated with *Escherichia* levels. Increased levels of *E. coli* were observed in people on a gluten-free diet. A non-pathogenic strain of *Escherichia*, *Escherichia nissle*, is a widely used probiotic for treating gut related diseases such as chronic constipation.

Tenericutes (phylum)

Tenericutes are cell wall-less bacteria that do not synthesize precursors of peptidoglycan. Tenericutes consist of four main clades designated as the *Acholeplasma, Spiroplasma, Pneumoniae* and *Hominis* clusters.Tenericutes are typically parasites or commensals of eukaryotic hosts.

Verrucomicrobia (phylum)

Verrucomicrobia is a less common phylum in the human gut microbiota, but one with increasing recognition with regards to health. Verrucomicrobia includes *Akkermansia muciniphila*. The obligate anaerobe *A. muciniphila* constitutes 3-5% of total bacteria in a healthy microbiome, and has a protective or anti-inflammatory role in the intestinal mucosa.

GI Pathogens

Introduction

The GI Pathogen profile is performed using an FDA-cleared multiplex PCR system. It should be noted that PCR testing is much more sensitive than traditional techniques and allows for the detection of extremely low numbers of pathogens. PCR testing does not differentiate between viable and non-viable pathogens and should not be repeated until 21 days after completion of treatment or resolution to prevent false positives due to lingering traces of DNA. PCR testing can detect multiple pathogens in the patient's stool but does not differentiate the causative pathogen. All decisions regarding the need for treatment should take the patient's complete clinical history and presentation into account.

Analyzed by DOCTOR'S DATA, INC. • 3755 Illinois Avenue, St. Charles, IL 60174-2420 USA • LAB DIR: Erlo Roth, MD • CLIA ID: 14D0646470

Order: 999999-9999
Client #: 999999
Doctor: Sample Doctor, ND
Doctors Data Inc
123 Main St.
St. Charles, IL 60174 USA

Patient: Sample Patient
Id: 999999 **Client Ref:** ICL220706054
Age: 43 **DOB:** 10/25/1978
Sex: Female

Sample Collection	Date/Time
Date Collected	07/04/2022
Date Received	07/07/2022
Date Reported	07/17/2022
Specimens Collected	3

Clostridioides difficile

C. difficile may cause diarrhea following the production of two toxins, enterotoxin A and cytotoxin B. *C. difficile* is the most common cause of nosocomial infectious diarrhea in developed countries and is the major cause of antibiotic-associated pseudomembranous colitis. *C. difficile* infection (CDI) symptoms vary from asymptomatic carriage (30% of young children) to mild/moderate watery diarrhea with fever and malaise to pseudomembranous colitis with bloody diarrhea, severe abdominal pain and fever. CDI occurs almost exclusively after broad-spectrum antibiotic use. No treatment is necessary for asymptomatic carriers. Anti-motility agents are contraindicated. CDI can be treated with vancomycin 125 mg given 4 times daily for 10 days, administered orally, and fidaxomicin 200 mg given twice daily for 10 days, as first-line options for both non-severe and severe initial CDI. Patients with fulminant CDI should receive vancomycin 500 mg 4 times per day in combination with IV metronidazole. In second or subsequent recurrences, patients can be treated with oral vancomycin, fidaxomicin, or a fecal transplant. Co-administration of *Saccharomyces boulardii* and *Lactobacillus rhamnosus* during antibiotic therapy may reduce the risk of infection relapse. Oral rehydration therapy is recommended to prevent dehydration.

Parasitology

Microscopic yeast

Microscopic examination has revealed more yeast in this sample than normal. While small quantities of yeast (reported as rare) may be normal, yeast observed in higher amounts (moderate to many) is considered abnormal. Yeast does not appear to be dispersed uniformly throughout the stool. Yeast may therefore be observed microscopically, but not grow out on culture even when collected from the same bowel movement. Further, some yeast may not survive transit through the intestines rendering it unviable for culturing. Therefore, both microscopic examination and culture are helpful in determining if abnormally high levels of yeast are present. If significant yeast are reported by microscopy, but not by culture, consider the presentation of patient symptoms.

Red Blood Cells (RBCs)

The number of RBCs in this specimen is higher than expected. This indicates active bleeding lower in the intestinal tract and may be associated with parasitic or bacterial infection. Microbial analysis including PCR and culture can identify enteroinvasive pathogens such as *Shigella, Salmonella, Campylobacter,* and *Yersinia* which can cause mucosal ulceration. Bleeding may also occur with an active inflammatory bowel condition such as ulcerative colitis (check fecal calprotectin and lactoferrin). Hemorrhoids (very common), colorectal cancer, and anal fistulas, may also be a factor in the finding of RBCs and may require further evaluation.

Microbiology

Imbalanced Flora

Imbalanced flora are those bacteria that reside in the host gastrointestinal tract and neither injure nor benefit the host. Certain dysbiotic bacteria may appear under the imbalanced category if found at low levels because they are not likely pathogenic at the levels detected. Imbalanced bacteria are commonly more abundant in association with insufficiency dysbiosis, and/or a fecal pH more towards the alkaline end of the reference range (5.8 - 7.0). Treatment with antimicrobial agents is unnecessary unless bacteria appear under the dysbiotic category.

Cultured Yeast

Small amounts of yeast (+1) may be present in a healthy GI tract. However higher levels of yeast (> +1) are considered to be dysbiotic. A positive yeast culture and sensitivity to prescriptive and natural agents may help guide decisions regarding potential therapeutic intervention for yeast overgrowth. When investigating the presence of yeast, disparity may exist between culturing and microscopic examination. Yeast grows in colonies and is typically not uniformly dispersed throughout the stool. Further, some yeast may not survive transit through the intestines rendering it unviable for culturing. This may lead to undetectable or low levels of yeast identified by culture, despite a significant amount of yeast visualized microscopically. Therefore, both microscopic examination and culture are helpful in determining if abnormally high levels of yeast are present.

Analyzed by DOCTOR'S DATA, INC. • 3755 Illinois Avenue, St. Charles, IL 60174-2420 USA • LAB DIR: Erlo Roth, MD • CLIA ID: 14D0646470