

Laboratory Information	Sample Information	Practice Information
CirrusDx, Inc 77 Upper Rock Circle, 4 th Floor Rockville, MD 20850 CLIA# 21D2130541 Dr. Todd Myers, Lab Director 240-813-8801 or reports@cirrusdx.com	Technician: AJ Date Collected: 10/22/2025 Date Received: 10/23/2025 Date Reported: 10/24/2025 Reporting Method: EMR	Name: Apple Urology Provider: Winesap MD, Roma Address: 123 Apple Way Farmville MD 12345 Phone: 987-654-3210 Fax: (301) 621-4254 Email: results@appleurology.com

Test Information: Urinary Tract Infection Panel (UTIP™) & Culture Based AST (polyMIC™)				
Specimen Type:	Urine	Clean Catch	Antibiotic Usage:	Fosfomycin (FOS)

Detected Pathogens, as determined by UTIP™		
Organism Name	Classification	Detection Level (Organism/mL)
<i>Klebsiella aerogenes</i>	Gram Negative	1x10 ⁵

Antibiotic Susceptibility (polyMIC™)														
Antibiotic Susceptibility was determined using culture														
Oral Antibiotics														
	Nitrofurantoin	Trimethoprim-Sulfamethoxazole	Fosfomycin	Ofloxacin	Ciprofloxacin	Levofloxacin	Amoxicillin / Clavulanic Acid	Cephalexin	Cefpodoxime	Cefdinir	Tetracycline	Doxycycline	Cefaclor	Linezolid
K. aerogenes	S	S		R	R	R	iR				S	S	S	iR

Antibiotic Susceptibility (polyMIC™)													
Antibiotic Susceptibility was determined using culture													
IV Antibiotics	Gentamicin	Amikacin	Tobramycin	Piperacillin / Tazobactam	Imipenem	Ertapenem	Meropenem	Cefepime	Ceftriaxone	Cefazolin	Aztreonam	Ampicillin / Sulbactam	Ceftazidime / Avibactam
<i>K. aerogenes</i>	S	S	S	S	S	S	S	S	S	iR	R	iR	R

General Comments
None.

Notes:

Questions including Clinical Consultation on Results: 240-813-8801 or reports@cirrusdx.com

Organisms Tested (reference range is determined by UTIP™):

Acinetobacter baumannii ($<1 \times 10^4$), *Actinotignum schaalii* ($<1 \times 10^4$), *Aerococcus urinae* ($<1 \times 10^4$), *Candida albicans* ($<1 \times 10^3$), *Candida glabrata* ($<1 \times 10^4$), *Candida krusei* ($<1 \times 10^4$), *Candida parapsilosis* ($<1 \times 10^3$), *Candida tropicalis* ($<1 \times 10^3$), *Citrobacter freundii* ($<1 \times 10^4$), *Citrobacter koseri* ($<1 \times 10^3$), *Enterobacter cloacae* ($<1 \times 10^3$), *Enterococcus faecalis* ($<1 \times 10^4$), *Enterococcus faecium* ($<1 \times 10^4$), *Escherichia coli* ($<1 \times 10^4$), *Klebsiella aerogenes* ($<1 \times 10^4$), *Klebsiella oxytoca* ($<1 \times 10^4$), *Klebsiella pneumoniae* ($<1 \times 10^4$), *Morganella morganii* ($<1 \times 10^4$), *Proteus mirabilis* ($<1 \times 10^4$), *Proteus vulgaris* ($<1 \times 10^4$), *Providencia stuartii* ($<1 \times 10^4$), *Pseudomonas aeruginosa* ($<1 \times 10^4$), *Serratia marcescens* ($<1 \times 10^4$), *Staphylococcus aureus* ($<1 \times 10^4$), *Staphylococcus spp.* (CNS inclusive of *Staphylococcus epidermidis*, *Staphylococcus haemolyticus*, *Staphylococcus lugdunensis*, *Staphylococcus saprophyticus*) ($<1 \times 10^4$), *Streptococcus agalactiae* ($<1 \times 10^3$), *Ureaplasma spp.* ($<1 \times 10^4$), Carbapenem Resistant Enterobacteriaceae (Not Detected), Methicillin Resistance (Not Detected), and Vancomycin Resistance (Not Detected).

Organisms/mL: are based on the calculation of genome equivalents. One genome equivalent is theoretically equal to one colony forming unit (cfu).

UTIP™ test method: Urinary Tract Infection Panel, Real-Time PCR.

polyMIC™ test method: Antibiotic susceptibility testing is performed by using culture. Reference range for antibiotics are susceptible.

Halo (H): is the result of both Sensitive and Resistant organisms responding to an antibiotic.

Sensitive (S): indicates the organism(s) is susceptible to the antibiotic.

Intermediate (I): indicates the organism(s) is susceptible to the antibiotic but not at a level required to ensure effectiveness.

Resistant (R): indicates the organism(s) is not susceptible (resistant).

Intrinsic Resistance (iR): bacterium is known to be intrinsically resistant to this antibiotic.

Black Spaces in polyMIC™ Tables: are there for the following reasons: the antibiotic was not cleared by the FDA for use with that bacterium, there is insufficient evidence in the literature to support using that antibiotic for that bacterium, and/or that antibiotic has been shown in the literature to not be effective against that bacterium. Laboratory susceptibility does not always predict clinical outcomes.

It is the physician's responsibility to interpret the results provided and determine the appropriate (if any) treatment options including antibiotic selection.

The assays were developed and their performance characteristics were determined by CirrusDx. They have not been cleared or approved by the US Food and Drug Administration. The FDA does not require these tests to go through premarket FDA review. This test is used for clinical purposes. It should not be regarded as investigational or for research.

This report has been reviewed and approved by:



Dr. Todd Myers, Laboratory Director.