CIRRUSDX

FINAL

Accession #: U2026-000021
Name: Monroe, Vonda
DOB: 7/21/1978
MRN/SSN:
Sex: Female

Laboratory Information	Sample Information	Practice Information
CirrusDx, Inc 77 Upper Rock Circle, 4th Floor Rockville, MD 20850 CLIA# 21D2130541 Dr. Todd Myers, Lab Director 240-813-8801 or reports@cirrusdx.com	**Technician:** CWS **Date Collected:** 1/6/2026 **Date Received:** 1/7/2026 **Date Reported:** 1/8/2026 **Reporting Method:** Email	**Name:** Apple Urogynocology **Provider:** Winesap MD, Roma **Address:** 123 Apple Way Farmville MD 12345 **Phone:** 987-654-3210 **Fax:** 987-654-1230 **Email:** results@appleurology.com

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

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

Antibiotic Susceptibility (polyMIC™)

Antibiotic Susceptibility was determined using culture

Oral Antibiotics	Nitrofurantoin	Trimethoprim-Sulfamethoxazole	Fosfomycin	Gepotidacin	Ciprofloxacin	Levofloxacin	Amoxicillin / Clavulanic Acid	Cephalexin	Cefpodoxime	Cefdinir	Tetracycline	Doxycycline	Cefaclor	Linezolid
K. aerogenes	S	S		R	R	R	iR				S	S	S	iR

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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
K. aerogenes	S	S	S	S	S	S	S	S	S	iR	R	iR	R

General Comments
None.

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Notes:

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

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

Acinetobacter baumannii (<1x10^4), *Actinotignum schaalii* (<1x10^4), *Aerococcus urinae* (<1x10^4), *Candida albicans* (<1x10^3), *Candida glabrata* (<1x10^4), *Candida krusei* (<1x10^4), *Candida parapsilosis* (<1x10^3), *Candida tropicalis* (<1x10^3), *Citrobacter freundii* (<1x10^4), *Citrobacter koseri* (<1x10^3), *Enterobacter cloacae* (<1x10^3), *Enterococcus faecalis* (<1x10^4), *Enterococcus faecium* (<1x10^4), *Escherichia coli* (<1x10^4), *Klebsiella aerogenes* (<1x10^4), *Klebsiella oxytoca* (<1x10^4), *Klebsiella pneumoniae* (<1x10^4), *Morganella morganii* (<1x10^4), *Proteus mirabilis* (<1x10^4), *Proteus vulgaris* (<1x10^4), *Providencia stuartii* (<1x10^4), *Pseudomonas aeruginosa* (<1x10^4), *Serratia marcescens* (<1x10^4), *Staphylococcus aureus* (<1x10^4), *Staphylococcus spp.* (CNS inclusive of *Staphylococcus epidermidis* , *Staphylococcus haemolyticus*, *Staphylococcus lugdunensis*, *Staphylococcus saprophyticus*) (<1x10^4), *Streptococcus agalactiae* (<1x10^3), *Ureaplasma spp.* (<1x10^4), *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.

F-055.17