



CIRRUSDX

FINAL

Accession #: W2026-000023

Name: Davids, Mary

DOB: 11/21/1956

MRN/SSN:

Sex: Female

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: CWS Date Collected: 3/1/2026 Date Received: 3/2/2026 Date Reported: 3/2/2026 Reporting Method: EMR	Name: Apple Urology Provider: Physician, One Address: 123 Apple Way Farmville MD 12345 Phone: 987-654-3210 Fax: (301) 621-4254 Email: results@appleurology.com

Test Information: Wound Infection Panel (WIP™) & Culture Based AST (polyMIC™)				
Specimen Type:	Wound Swab	Left Foot	Antibiotic Usage:	Doxycycline (D)

Detected pathogens, as determined by Wound Infection Panel (WIP™)		
Organism Name	Classification	Detection Level (Organism/mL)
Not Detected	N/A	N/A

General Comments
Antibiotic susceptibility not performed; no organisms detected in Wound Infection Panel (WIP™).



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Notes:

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

Organism Tested (Reference Range):

Organism List	
Reference Range is listed next to each organism	
Acinetobacter baumannii < 1x10 ³	Klebsiella oxytoca < 1x10 ⁴
Anaerococcus spp. (A. vaginalis) [#] < 1x10 ⁴	Klebsiella pneumoniae < 1x10 ⁴
Bacteroides fragilis < 1x10 ³	Methicillin Resistance (mecA/mecC) Not Detected
Candida spp. (C. albicans, C. glabrata, C. krusei, C. parapsilosis, C. tropicalis) < 1x10 ³	MRSA (Methicillin-resistant Staphylococcus aureus) < 1x10 ⁴
Citrobacter spp. (C. koseri and C. freundii) < 1x10 ³	Peptoniphilus spp. (P. asaccharolyticus) [#] < 1x10 ⁴
Clostridium spp. (C. perfringens and C. septicum) [#] < 1x10 ⁴	Peptostreptococcus spp. (P. anaerobius) [#] < 1x10 ⁴
CNS - Coagulase Negative Staphylococcus (S. epidermidis, S. haemolyticus, S. lugdunensis, S. saprophyticus) < 1x10 ⁴	Porphyromonas spp. (P. gingivalis) [#] < 1x10 ³
Corynebacterium spp. (C. tuberculoostearicum and C. jeikeium) [#] < 1x10 ³	Prevotella bivia < 1x10 ⁴
Cutibacterium spp. (C. acnes) [#] < 1x10 ⁴	Proteus spp. (P. mirabilis and P. vulgaris) < 1x10 ⁴
Enterobacter cloacae < 1x10 ³	Pseudomonas aeruginosa < 1x10 ⁴
Enterococcus faecalis < 1x10 ⁴	Serratia marcescens < 1x10 ⁴
Enterococcus faecium < 1x10 ⁴	Staphylococcus aureus < 1x10 ³
Escherichia coli < 1x10 ³	Stenotrophomonas maltophilia < 1x10 ⁴
Finegoldia magna < 1x10 ³	Streptococcus agalactiae < 1x10 ⁴
Klebsiella aerogenes < 1x10 ⁴	Streptococcus pyogenes < 1x10 ⁴
	Viridians Group Streptococci (S. mitis, S. pneumoniae, S. parasanguinis, S. sanguinis) [#] < 1x10 ⁴

[#]Due to the complexity of the bacteria genus, there may be other species that are detected in the assay that are not listed.

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

WIP™ test method: Wound 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.

S: This bacteria/antibiotic combination has been found to be susceptible in >95% of the strains tested. This result was not derived from in-house culture methodology. The antibiotic sensitivity interpretation was determined using CLSI M100 Appendix D: Anaerobe Cumulative Antibiogram, which utilizes culture-based findings compiled from various institutions.

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.