CIRRUSDX

FINAL

Accession #: A2026-000120
Name: Faliveno, Josephine
DOB: 11/8/1947
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:** 6/7/2026 **Date Received:** 6/8/2026 **Date Reported:** 6/9/2026 **Reporting Method:** Email & Fax & EMR	**Name:** Smith County Center For Women's Health **Provider:** Winesap MD, Roma **Address:** 24333 Suffix St Lebanon KS 66952 **Phone:** 243-555-5585 **Fax:** 243-555-5595 **Email:** Results@SCCWH.com

Test Information: Aerobic Vaginitis Infection Panel (AVIP™) & Culture Based AST (polyMIC™)			
Specimen Type:	Swab Vaginal	**Antibiotic Usage:**	None

Detected Pathogens, as determined by AVIP™

Organism Name	Classification	Detection Level (Organism/mL)
Not Detected	N/A	N/A

Culture Result

After 24 hours of incubation, no growth was detected on the agar plates.

General Comments

The agar plates were incubated for 24 hours.

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Notes:

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

This test is NOT intended for Group B Streptococcus (GBS) screening, especially during pregnancy.

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

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* (<1x10^4), *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).

AVIP™ test method: Aerobic Vaginitis Infection Panel, Real-Time PCR.
polyMIC™ test method: Antibiotic susceptibility testing is preformed 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-300.08