simply**test**.com



(25.55)	SIMPLY STI™	-0	MIUM IIUM+		PLETE or- PLETE+	ORAL	BLOOD	HPV	LET'S GET CHECKED	INNOVATIVE HEALTH DIAGNOSTICS	EVERLYWELL	VERISANA	LEGACY	DIRECT LABS US BIOTECH	QUEST	STD CHECK	RUPA HEALTH
	Industry leading & most comprehensive STI tests detecting 13 STIs across genital, oral, & blood-based pathogens.	Urine DBS	PREMIUM PLUS Saliva	Urine	PLUS Saliva	Saliva	DBS	Swab	Swab Urine DBS	Urine DBS	Urine DBS	Urine DBS	Urine DBS	Urine Vein	Urine Vein	Urine Vein	Vein
	Pathogen	12 (-	+) 9	9 (+) 9	9	4	1	11	6	7	10	6	8	7	9	6
	Neisseria Gonorrhoeae (NG)	•	0	•	0	•			(e)	⊗	⊗	⊗	\otimes	⊗	8	(S)	⊗
	Chlamydia Trachomatis (CT)	•	•	•	•	•			(v)	(v)	(e)	(A)	\otimes	(A)	(A)	8	8
	Trichomonas Vaginalis (TV)	•	•	0	•	•			\otimes		\otimes	(W)		\otimes	\otimes		
	Mycoplasma Genitalium (Mgen)	•	•	②	•	•			\otimes			\otimes					
	Ureaplasma Urealyticum (UU)		•	•	•	•			\otimes			\otimes					
Blood & Only est for Lesions	Treponema Pallidum (Syphilis)	•	•	•	•	•	•		\otimes	\otimes	\otimes	\otimes	\otimes	\otimes	\otimes		\otimes
	Herpes Simplex Virus 1 (HSV-1)	•	•	•	•	•			\otimes					(e)		8	8
	Herpes Simplex Virus 2 (HSV-2)		•	•	•	•			\otimes			\otimes		\otimes		(S)	\otimes
	HIV 1 & 2					2/ -	•		\otimes	\otimes	\otimes	\otimes	\otimes	\otimes	\otimes	\otimes	\otimes
	Hepatitis A Virus (HAV)					Saliva STI Testing Panel										\otimes	
	Hepatitis B Virus (HBV)	•				Saliv Testin	•		\otimes	\otimes			\otimes	\otimes		\otimes	
	Hepatitis C Virus (HCV)						•		\otimes	\otimes	\otimes	\otimes	\otimes		\otimes	\otimes	
	Human Papilloma Virus (HPV)							•			(e)	\otimes					
	Monkeypox Virus (MPXV)	•	•	•	•	•											
				_													





WHAT IS STI?

Infections transmitted from human to human through sexual contact when a body fluid containing a sexually transmitted pathogen is deposited on a susceptible body site.

CLINICAL PRESENTATIONS

- Pain when urinating
- Abdominal and/or pelvic pain (pelvic inflammatory
- Vaginal or penile discharge
- Painful and non-painful sores
- Rectal pain
- Sore throat
- Infertility
- Pregnancy complications such as failure to thrive
- Pelvic inflammatory disease

MOST COMMON STI PATHOGENS

- Gonorrhoeae (GC)
- Chlamydia (CT)
- Trichomonas (Tric)
- Herpes 1 and 2 (HSV 1, 2)
- Mycoplasma genitalium (MG)
- Syphilis (T. pallidum)
- Human Papilloma Virus (HPV)
- Human Immunodeficiency Virus (HIV)
- Hepatitis viruses (HBV, HCV)

BURDEN IN THE US1

- 1.6 million cases of Chlamydia (6% increase from 2015)
- 677,769 cases of Gonorrhea (45% increase from 2016)
- 133,945 cases of Syphilis (52% increase from 2016)
- 2,148 cases of Congenital Syphilis (235% increase from 2016)

WHO TO TEST?

- Patients exhibiting clinical presentations (symptomatic patients)
- Asymptomatic patients (see CDC guidelines)4
- Patients with substance use disorder.

WHY TEST?

- Clinical presentation of STIs are very similar to other infections such as UTIs and vaginitis.
- Testing is the only way to know if an STI pathogen is responsible for the clinical presentation.
- Testing is the only way to know the best treatment plan for the clinical presentation.
- STIs are asymptomatic in at least 50% of infected individuals.
- Asymptomatic individuals can transmit the infection to their sexual partners and babies.
- Left untreated the infection can spread from the infected site systemically.
- Systemic spread of STIs is associated with increase in morbidity and in some cases fatality.

WHY CHOOSE SIMPLY STI?

- The CDC recommends the use of nucleic acid technology for detection of STIs.2
- The complexity of the STI ecological pool presents a significant challenge to culture-based technology (CBT) due to the lack of sensitivity and specificity compared to nucleic acid technology.
- Multiplex nucleic acid technology provides improved sensitivity and specificity over CBT (n=1855)3
 - 100% specificity
 - 18% detection rate compared to 3% for CBT
 - Detection of additional 27 coinfections by PCR vs
- Simply STI has the most comprehensive test menu compared to most competitors.
- Wide selection of sample types ensures you are using the appropriate sample for the right diagnosis.



Males

- First void urine (equivalent in sensitivity to urethral swab)
- Urethral swab (clinician collected)
- Saliva*
- Lesion swab

Females

- First void urine (may miss up to 10% of infections with low organismal load)
- Self or clinician collected vaginal swab (recommended sample type)
- Saliva*
- Lesion swab

		CHLAN	ЛYDIA	GONO	RRHEA	TRICHO	MONAS	
	Specimen Type	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity	
1	Vaginal Swab†	96.6%	96.8%	96%	99.2%	100%	99%	
1	Vaginal Swab**	98.4%	96.8%	100%	99.5%	-	-	
I	Endocervical Swab	94.2%	97.6%	99.2%	98.7%	100%	99.4%	
l	Urine (female)	94.7%	98.9%	93.1%	99.3%	95.2%	98.9%	
l	Urine (male)	97.9%	98.5%	98.5%	99.6%	-	-	
(Urethral (male)	95.9%	97.5%	99.1%	97.8%	-	-	
-	ThinPrep	96.7%	99.2%	92.3%	99.8%	-	-	

^[1] https://www.cdc.gov/std/statistics/2020/default.htm

 $[\]hbox{\cite{thm}$} \hbox{\cite{thm}$} \hbox{\c$

^[3] Comprehensive Screening for Sexually Transmitted Pathogens. Medlab Management. Sept-Oct. 2014. Vol 3 #5

^[4] https://www.cdc.gov/std/laboratory/2014labrec/2014-lab-rec.pdf

^{*}Obtain an adequate history of sexual practices in order to determine whether saliva is appropriate.