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Testing Performed By Alimetrix - CLIA #: 01D2113023
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FINAL REPORT

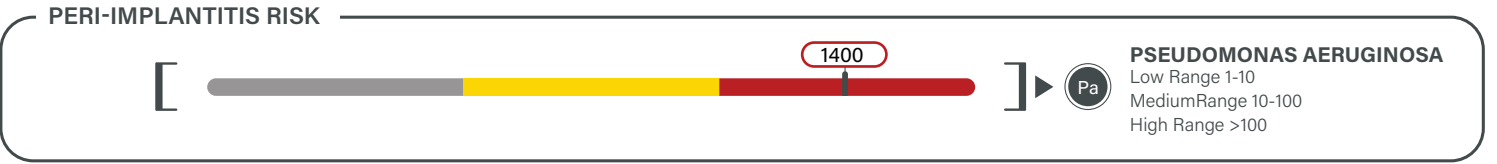
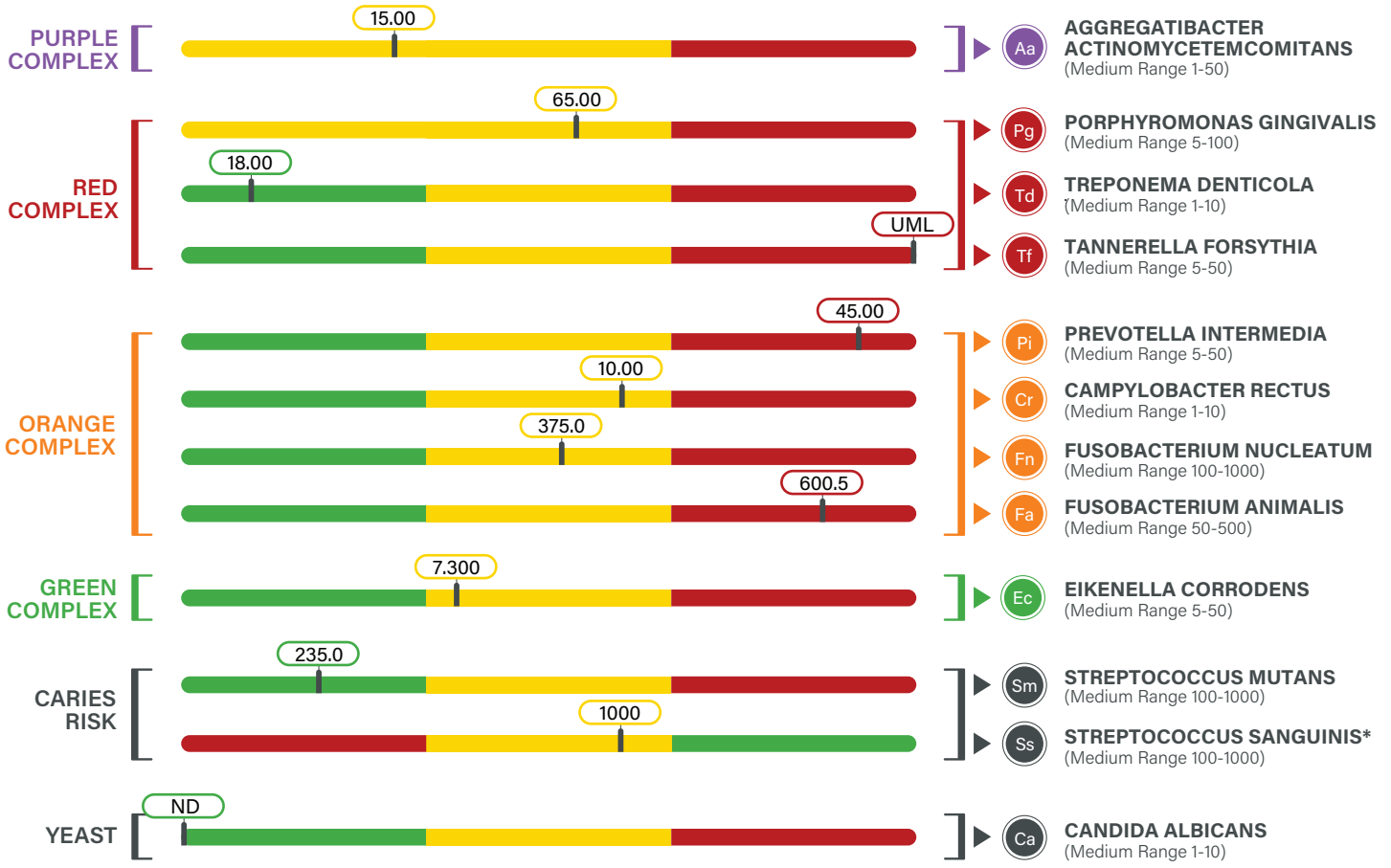
PERIODONTAL

Sample Type: Saliva
Reported: 03/20/2024
14:31

Table with 3 columns: PATIENT INFO, SAMPLE INFO, ORDERING PROVIDER. Patient: Jane Doe, Specimen#: FR0000000000, Ordering Provider: Glenn Close, MD.



All displayed values are in genomic copies x1000/mL except Fusobacterium nucleatum which is in genomic copies x10,000/mL.



*The presence of Streptococcus Sanguinis is associated with healthy plaque biofilm. Reference bar ranges have been normalized for clarity. ND = Not Detected UML = Upper Measuring Limit (>9999).

Table with 4 columns: POSITIVE, NEGATIVE, ATTENTION, VIRAL TARGETS. Rows include Herpes Simplex Virus 1, Herpes Simplex Virus 2, Cytomegalovirus, and Epstein Barr Virus.

**COMMENTS + ACTIONABLE CLINICAL INSIGHTS****[Lab supervisor/manager comment field]**

If the results indicate the presence of any high (Aa, Pg, Td, Tf) and/or medium (Cr, Fn, Pi) risk organisms, these organisms are strongly associated with chronic periodontitis, are transmissible and associated with tissue inflammation and invasion.

Bacteria associated with periodontal disease are predominantly gram-negative anaerobic bacteria and may include *A.actinomycetemcomitans*, *F. nucleatum*, *P. gingivalis*, *C. rectus*, *Treponema species*. These anaerobic organisms are often found together in polymicrobial biofilms and dental plaque.

Several of these organisms are known to be associated with systemic diseases such as cardiovascular disease, cancer, diabetes, liver disease and stroke. The American Heart Association as well as copious research suggests a causal relationship between periodontal disease and atherosclerosis.

Adherence to a home regimen as directed by healthcare provider and follow up testing is highly recommended to better treat and address residual bacteria. In addition to monitoring of bacterial burden, repeat testing can afford insight on efficacy of treatment.

REFERENCES

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