



FINAL REPORT	
<b>PERIO</b>	
Sample Type: <b>Saliva</b>	
Reported: <b>2026-02-06T18:54</b>	

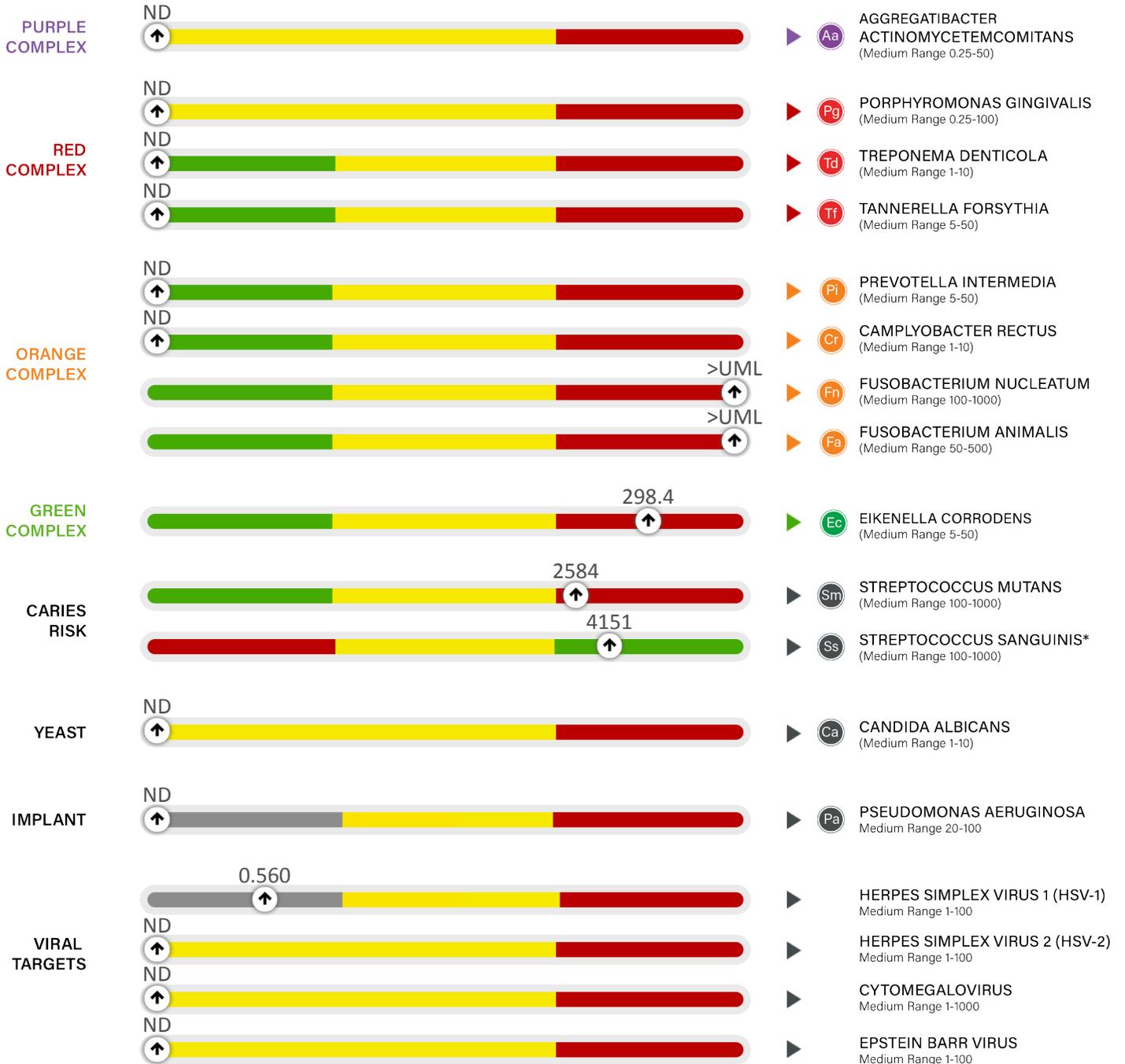
PATIENT INFO	
Name: <b>John Doe</b>	
DOB: <b>01/01/1999</b>	
Sex: <b>M</b>	

SAMPLE INFO	
Specimen #: <b>TEST0130202601</b>	
Collected: <b>2026-01-30T22:25</b>	
Received: <b>2026-01-30T16:34</b>	

ORDERING PROVIDER	
Name: <b>Test Org Admin And Provider</b>	
NPI: <b>0123456789</b>	
Phone: <b>6153367534</b>	



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* associated with healthy plaque biofilm. ND = Not Detected UML = Upper Measuring Limit (>9999). Displayed reference ranges are provided for contextual visualization and are not intended to represent diagnostic or treatment thresholds.

Viral levels in saliva do not have established clinical thresholds for distinguishing latent infection, asymptomatic shedding, or active disease. Quantitative values obtained from saliva may not correlate with systemic viral burden, lesion viral load, or clinical disease activity.



COMMENTS + ACTIONABLE CLINICAL INSIGHTS

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 an association between periodontal disease and atherosclerosis.

Patients should follow treatment and monitoring recommendations provided by their healthcare provider. In addition to monitoring bacterial burden, repeat testing can afford insight on efficacy of treatment.

**REFERENCES**

Paul O, Arora P, Mayer M and Chatterjee S (2021) Inflammation in Periodontal Disease: Possible Link to Vascular Disease. *Front. Physiol.* 11:609614. doi: 10.3389/fphys.2020.609614.

Bale BF, Doneen AL, Vigerust DJ. *Postgrad Med J* 2017;93:215–220.

Da Venezia, C.; Hussein, N.; Hernández, M.; Contreras, J.; Morales, A.; Valdés, M.; Rojas, F.; Matamala, L.; Hernández-Ríos, P. Assessment of Cardiovascular Risk in Women with Periodontal Diseases According to C-reactive Protein Levels. *Biomolecules* 2021, 11, 1238.

Yoneda et al. *BMC Gastroenterology* 2012, 12:16 <http://www.biomedcentral.com/1471-230X/12/16>

Porphyromonas gingivalis Alzheimer's disease brains: Evidence for disease causation and treatment with small-molecule inhibitors. *Sci. Adv.* 5, eaau3333(2019). DOI:10.1126/sciadv.aau3333

Need help interpreting results?  
<https://providerportal.simplytest.com/guidance/perio/>

