GENOVA DIAGNOSTICS

63 Zillicoa Street
Asheville, NC 28801

Patient: **SAMPLE PATIENT**
DOB:
Sex:
MRN:

IBStatus Components

Maldigestion:		Reference Range
Pancreatic Elastase	418	>=201 mcg/g

Inflammation:		Reference Range
Calprotectin	>500	<=50 mcg/g
Occult Blood	Negative	Negative

Infection:		Reference Range
Clostridium difficile	Negative	Negative
Parasitology Microscopic Exam:	No Ova or Parasites seen	
Parasitology EIA Tests:		Reference Range
Cryptosporidium	Negative	Negative
Giardia lamblia	Negative	Negative
E. histolytica	Positive	Negative
EIA Test: *Helicobacter pylori*	Negative	Negative

Food Allergy:		Reference Range
◆ Eosinophil Protein X	3.1	<=7.0 mcg/g

Assays noted with ◆ are For Research Use Only.

Commentary is provided to the practitioner for educational purposes, and should not be interpreted as diagnostic or treatment recommendations. Diagnosis and treatment decisions are the responsibility of the practitioner.

Key

Normal | Borderline | Abnormal

Maldigestion

Pancreatic Elastase (PE1) assesses exocrine pancreatic function, contributing to a prompt and reliable diagnosis in suspected cases of primary or secondary pancreatic insufficiency. PE1 has been shown to decline with age and can be used to monitor/adjust the dosage of pancreatic enzyme supplementation. Patients with decreased levels of PE1 (less than 360) benefit from supplementation.

Inflammatory Markers:

Calprotectin is a neutrophilic marker specific for inflammation in the gastrointestinal tract. It is elevated with infection, post-infectious IBS, and NSAID enteropathy. Fecal calprotectin can be used to differentiate IBD vs. IBS, to monitor treatment in IBD, and to determine which patients should be referred for endoscopy and/or colonoscopy. Levels between 50-120 should be repeated at 4-6 weeks and confirmed.

Occult Blood detects fecal occult blood in the gastrointestinal system due to ulcers, polyps, diverticulitis, IBD or colorectal cancer.

Infection:

Clostridium difficile is an anaerobic, spore-forming gram-positive bacteria. After a disturbance of the gut flora (usually with antibiotics), colonization with *C. difficile* can take place. *C. difficile* infection is a much more common cause of diarrhea than once thought, and can be difficult to treat. Follow-up stool testing of toxins A&B will demonstrate eradication within two weeks of treatment.

Parasite Recovery Literature suggests that >90% of enteric parasitic infections are detected in a sample from a single stool collection. Increased sensitivity results from the collection of additional specimens on separate days. Parasites have been detected in 20-24% of U.S. patients with mild to moderate GI symptoms.

H. pylori is the bacterium that causes peptic ulcer disease and has been associated with increased risk of gastric cancer. *H.pylori* stool antigen (HpSA) testing reveals *H.pylori* antigens shed directly into the GI tract and can also be used to monitor treatment.

Food Allergy

Eosinophil Protein X (EPX) reflects IgE-mediated inflammation. Fecal EPX elevations can be associated with several conditions including IBD, IgE-mediated food allergies, parasite or worm infections, and collagenous colitis. Elevated EPX requires further diagnostic testing to determine the cause.

GENOVA DIAGNOSTICS

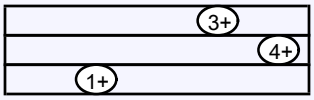
63 Zillicoa Street
Asheville, NC 28801

Patient: **SAMPLE PATIENT**
DOB:
Sex:
MRN:

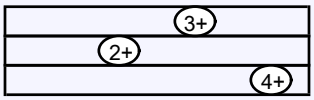
Microbiology

Bacteriology

Beneficial Bacteria



Additional Bacteria



Dysbiosis Index: 0

Human microflora is influenced by environmental factors and the competitive ecosystem of the organisms in the GI tract. Pathological significance should be based upon clinical symptoms and reproducibility of bacterial recovery.