

Patient: **SAMPLE**
PATIENT

DOB:

Sex:

MRN:

2209 GI Effects™ Fundamentals - Stool

Methodology: GC/MS, Automated Chemistry, EIA

Result | 1st | 2nd | 3rd | 4th | 5th | Reference Range

Digestion and Absorption

| Parameter | Result | Quintile Distribution | Reference Range |
|--|--------|-----------------------|--------------------|
| Pancreatic Elastase 1 † | 158 L | 100 200 | >200 mcg/g |
| Products of Protein Breakdown (Total*) (Valerate, Isobutyrate, Isovalerate) | 6.0 | | 1.8-9.9 micromol/g |
| Fecal Fat (Total*) | 19.5 | | 3.2-38.6 mg/g |
| Triglycerides | 1.1 | | 0.3-2.8 mg/g |
| Long-Chain Fatty Acids | 12.9 | | 1.2-29.1 mg/g |
| Cholesterol | 0.5 | | 0.4-4.8 mg/g |
| Phospholipids | 5.0 | | 0.2-6.9 mg/g |

Inflammation and Immunology

| Parameter | Result | Quintile Distribution | Reference Range |
|-----------------------------|--------|-----------------------|-----------------|
| Calprotectin † | 145 H | 50 120 | <=50 mcg/g |
| Eosinophil Protein X (EPX)† | 4.9 H | 1.1 4.6 | <=4.6 mcg/g |

Gut Microbiome Metabolites

| Parameter | Result | Quintile Distribution | Reference Range |
|--|--------|-----------------------|-------------------|
| Metabolic | | | |
| Short-Chain Fatty Acids (SCFA) (Total*) (Acetate, n-Butyrate, Propionate) | 81.3 | | >=23.3 micromol/g |
| n-Butyrate Concentration | 18.1 | | >=3.6 micromol/g |
| n-Butyrate % | 22.3 | | 11.8-33.3 % |
| Acetate % | 63.1 | | 48.1-69.2 % |
| Propionate % | 14.6 | | <=29.3 % |
| Beta-glucuronidase | 2,297 | | 368-6,266 U/g |

*Total value is equal to the sum of all measurable parts.

†These results are not represented by quintile values.

Tests were developed and their performance characteristics determined by Genova Diagnostics. Unless otherwise noted with ⚠, the assays have not been cleared by the U.S. Food and Drug Administration.



Gastrointestinal Microbiome (Culture)

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

| Microbiology Legend | | | |
|---------------------|---------------------|---------------------------|-----------------|
| NG | NP | PP | P |
| | | | |
| No Growth | Non-Pathogen | Potential Pathogen | Pathogen |

Additional Bacteria

Non-Pathogen: Organisms that fall under this category are those that constitute normal, commensal flora, or have not been recognized as etiological agents of disease.

Potential Pathogen: Organisms that fall under this category are considered potential or opportunistic pathogens when present in heavy growth.

Pathogen: The organisms that fall under this category have a well-recognized mechanism of pathogenicity in clinical literature and are considered significant regardless of the quantity that appears in the culture.

Bacteriology (Culture)

Lactobacillus spp.

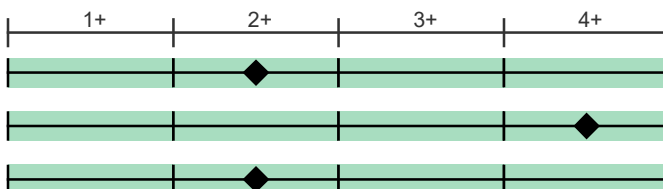
2+ NP

Escherichia coli

4+ NP

Bifidobacterium

2+ NP



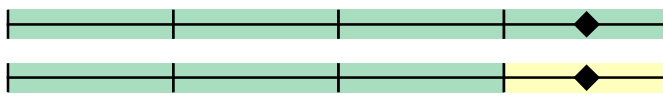
Additional Bacteria

alpha haemolytic Streptococcus

4+ NP

Klebsiella pneumoniae

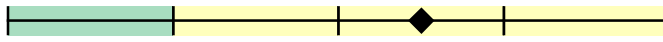
4+ PP



Mycology (Culture)

Candida species

3+ PP



KOH Preparation for Yeast

Methodology: Potassium Hydroxide (KOH) Preparation for Yeast

Potassium Hydroxide (KOH) Preparation for Yeast

These yeast usually represent the organisms isolated by culture. In the presence of a negative yeast culture, microscopic yeast may reflect organisms not viable enough to grow in culture. The presence of yeast on KOH prep should be correlated with the patient's symptoms. However, moderate to many yeast suggests yeast overgrowth.

Result

KOH Preparation, stool

Few Yeast Present

The result is reported as the amount of yeast seen microscopically:

- Rare: 1-2 per slide
- Few: 2-5 per high power field (HPF)
- Moderate: 5-10 per HPF
- Many: >10 per HPF

** Indicates testing performed by Genova Diagnostics, Inc. 63 Zillicoa St., Asheville, NC 28801-0174
A. L. Peace-Brewer, PhD, D(ABMLI), Lab Director - CLI A Lic. #34D0655571 - Medicare Lic. #34-8475



Parasitology

Microscopic O&P Results **Add-on testing**

Microscopic O&P is capable of detecting all described gastrointestinal parasites. The organisms listed in the box represent those commonly found in microscopic stool analysis. Should an organism be detected that is not included in the list below, it will be reported in the Additional Results section. For an extensive reference of all potentially detectable organisms, please visit www.gdx.net/product/gi-effects-comprehensive-stool-test

| Genus/species | Result |
|--------------------------------------|--------------------------|
| Nematodes - roundworms | |
| Ancylostoma/Necator (Hookworm) | Not Detected |
| Ascaris lumbricoides | Not Detected |
| Capillaria philippinensis | Not Detected |
| Enterobius vermicularis | Not Detected |
| Strongyloides stercoralis | Not Detected |
| Trichuris trichiura | Not Detected |
| Cestodes - tapeworms | |
| Diphyllobothrium latum | Not Detected |
| Dipylidium caninum | Not Detected |
| Hymenolepis diminuta | Not Detected |
| Hymenolepis nana | Not Detected |
| Taenia spp. | Not Detected |
| Trematodes - flukes | |
| Clonorchis/Opisthorchis spp. | Not Detected |
| Fasciola spp./ Fasciolopsis buski | Not Detected |
| Heterophyes/Metagonimus | Not Detected |
| Paragonimus spp. | Not Detected |
| Schistosoma spp. | Not Detected |
| Protozoa | |
| Balantidium coli | Not Detected |
| Blastocystis spp. | Rare Detected |
| Chilomastix mesnili | Not Detected |
| Cryptosporidium spp. | Not Detected |
| Cyclospora cayetanensis | Not Detected |
| Dientamoeba fragilis | Moderate Detected |
| Entamoeba coli | Not Detected |
| Entamoeba histolytica/dispar | Not Detected |
| Entamoeba hartmanii | Not Detected |
| Entamoeba polecki | Not Detected |
| Endolimax nana | Not Detected |
| Giardia | Not Detected |
| Iodamoeba buetschlii | Not Detected |
| Cystoisospora spp. | Not Detected |
| Trichomonads (e.g. Pentatrichomonas) | Not Detected |
| Additional Findings | |
| White Blood Cells | Not Detected |
| Charcot-Leyden Crystals | Not Detected |
| Other Infectious Findings | |

One negative specimen does not rule out the possibility of a parasitic infection.

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Parasitology

PCR Parasitology - Protozoa**

Add-on testing

Methodologies: DNA by PCR, Next Generation Sequencing

| Organism | Result | Units | | Expected Result |
|--------------------------------|---------|------------------------------------|--------------|-----------------|
| <i>Blastocystis</i> spp. | 6.00e2 | femtograms/microliter C&S stool | Detected | Not Detected |
| <i>Cryptosporidium</i> spp. | <4.87e2 | genome copies/microliter C&S stool | Not Detected | Not Detected |
| <i>Cyclospora cayetanensis</i> | <2.65e2 | genome copies/microliter C&S stool | Not Detected | Not Detected |
| <i>Dientamoeba fragilis</i> | 6.40e2 | genome copies/microliter C&S stool | Detected | Not Detected |
| <i>Entamoeba histolytica</i> | <1.14e3 | genome copies/microliter C&S stool | Not Detected | Not Detected |
| <i>Giardia</i> | <1.57e2 | genome copies/microliter C&S stool | Not Detected | Not Detected |

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Additional Results

Methodology: Fecal Immunochemical Testing (FIT)

| | Result | Expected Value |
|--------------------|---------------|----------------|
| Fecal Occult Blood | Negative | Negative |
| Color†† | Green | |
| Consistency†† | Formed/Normal | |

††Results provided from patient input.

Tests were developed and their performance characteristics determined by Genova Diagnostics. Unless otherwise noted with , the assays have not been cleared by the U.S. Food and Drug Administration.

Zonulin Family Peptide

Methodology: EIA

| | Result | Reference Range | Zonulin Family Peptide |
|-------------------------------|--------|------------------|---|
| Zonulin Family Peptide, Stool | 100.0 | 22.3-161.1 ng/mL | <p>This test is for research use only. Genova will not provide support on interpreting the test results. This test does not detect zonulin.¹ The Scheffler paper suggests that the IDK kit may detect a zonulin family peptide, such as properdin. Genova's unpublished data demonstrated that the current IDK kit results were associated with stool inflammation biomarkers and an inflammation-associated dysbiosis profile.</p> <p>The performance characteristics of Zonulin Family Peptide have been verified by Genova Diagnostics, Inc. The assay has not been cleared by the U.S. Food and Drug Administration.</p> |

Reference:

- Scheffler L, et al. Widely Used Commercial ELISA Does Not Detect Precursor of Haptoglobin2, but Recognizes Properdin as a Potential Second Member of the Zonulin Family. *Front Endocrinol.* 2018;9:22.



Macroscopic/Direct Exam for Parasites

Methodology: Macroscopic Evaluation

No human parasite detected in sample.

Add-on Testing

Methodology: EIA

Result

Reference Range

Fecal secretory IgA

206



<=885 mcg/g

Methodology: EIA

Result

Expected Value

HpSA - *H. pylori*

Negative

Negative

HpSA (*Helicobacter pylori* stool antigen)

Helicobacter pylori is a bacterium which causes peptic ulcer disease and plays a role in the development of gastric cancer. Direct stool testing of the antigen (HpSA) is highly accurate and is appropriate for diagnosis and follow-up of infection.

Campylobacter spp.

Negative

Negative

Clostridium difficile

Negative

Negative

Shiga toxin *E. coli*

Negative

Negative

Clostridium difficile

Clostridium difficile is an anaerobic, spore-forming gram-positive bacterium. After a disturbance of the gut flora (usually with antibiotics), colonization with *Clostridium difficile* can take place. *Clostridium difficile* infection is much more common than once thought.

Shiga toxin *E. coli*

Shiga toxin-producing *Escherichia coli* (STEC) is a group of bacterial strains that have been identified as worldwide causes of serious human gastrointestinal disease. The subgroup enterohemorrhagic *E. coli* includes over 100 different serotypes, with 0157:H7 being the most significant, as it occurs in over 80% of all cases. Contaminated food continues to be the principal vehicle for transmission; foods associated with outbreaks include alfalfa sprouts, fresh produce, beef, and unpasteurized juices.

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Mycology Sensitivity

Azole Antifungals

| <i>Candida species</i> | R | I | S-DD | S | NI |
|------------------------|-----|---|------|---------|----|
| Fluconazole | | | | 0.5 | |
| Voriconazole | | | | <=0.008 | |
| Nystatin | =50 | | | | |

Natural Agents

| <i>Candida species</i> | LOW INHIBITION | HIGH INHIBITION |
|------------------------|----------------|-----------------|
| Berberine | | |
| Caprylic Acid | | |
| Garlic | | |
| Undecylenic Acid | | |
| Plant tannins | | |
| Uva-Ursi | | |

Prescriptive Agents:

The R (Resistant) category implies isolate is not inhibited by obtainable levels of pharmaceutical agent.

The I (Intermediate) category includes isolates for which the minimum inhibition concentration (MIC) values usually approach obtainable pharmaceutical agent levels and for which response rates may be lower than for susceptible isolates.

The S-DD (Susceptible-Dose Dependent) category implies clinical efficacy when higher than normal dosage of a drug can be used and maximal concentration achieved.

The S (Susceptible) column implies that isolates are inhibited by the usually achievable concentrations of the pharmaceutical agent.

NI (No Interpretive guidelines established) category is used for organisms that currently do not have established guidelines for MIC interpretation.

Refer to published pharmaceutical guidelines for appropriate dosage therapy.

Nystatin and Natural Agents:

Results for Nystatin are being reported with natural antifungals in this category in accordance with laboratory guidelines for reporting sensitivities. In this assay, inhibition is defined as the reduction level on organism growth as a direct result of inhibition by a natural substance. The level of inhibition is an indicator of how effective the substance was at limiting the growth of an organism in an in vitro environment. High inhibition indicates a greater ability by the substance to limit growth, while Low Inhibition a lesser ability to limit growth. The designated natural products should be considered investigational in nature and not be viewed as standard clinical treatment substances.



Bacteria Sensitivity

Prescriptive Agents

| <i>Klebsiella pneumoniae</i> | R | I | S-DD | S | NI |
|------------------------------|---|---|------|---|----|
| Ampicillin | R | | | | |
| Amox./Clavulanic Acid | | | | S | |
| Cephalothin | | | | S | |
| Ciprofloxacin | | | | S | |
| Tetracycline | | | | S | |
| Trimethoprim/Sulfa | | | | S | |

Natural Agents

| <i>Klebsiella pneumoniae</i> | LOW INHIBITION | HIGH INHIBITION |
|------------------------------|----------------|-----------------|
| Berberine | | |
| Oregano | | |
| Plant Tannins | | |
| Uva-Ursi | | |

Prescriptive Agents:

The R (Resistant) category implies isolate is not inhibited by obtainable levels of pharmaceutical agent.

The I (Intermediate) category includes isolates for which the minimum inhibition concentration (MIC) values usually approach obtainable pharmaceutical agent levels and for which response rates may be lower than for susceptible isolates.

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The S (Susceptible) column implies that isolates are inhibited by the usually achievable concentrations of the pharmaceutical agent.

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Refer to published pharmaceutical guidelines for appropriate dosage therapy.

Natural Agents:

In this assay, inhibition is defined as the reduction level on organism growth as a direct result of inhibition by a substance. The level of inhibition is an indicator of how effective the substance was at limiting the growth of an organism in an in vitro environment. High inhibition indicates a greater ability by the substance to limit growth, while Low Inhibition a lesser ability to limit growth. The designated natural products should be considered investigational in nature and not be viewed as standard clinical treatment substances.