Microbiology Dx

LABORATORY REPORT

19A CROSBY DRIVE SUITE 215 BEDFORD, MA 01730 Tel: (781)276-4956 * Fax: (781)275-6236

Dr. J.D. MUSTO, DABB PRESIDENT & LAB DIRECTOR CLIA ID# 22D2089996

REPORT	Tel: (781)2	76-4956 * Fax: (781)275-6236	CLIA ID# 22D2089996						
PATIENT: D.O.B. /SEX:	DOE, JANE 111 MAIN STREET ANYWHERE, USA 01/01/1953 68Y F	CLIENT:	MICROBIOLOGY 19A CROSBY DR BEDFORD, MA 01 100000	IVE, SUITE 215					
DATE COLLECTED: TIME COLLECTED:	10/01/2021	DOCTOR: DATE REPORTED:	J MUSTO 10/06/2021						
DATE RECEIVED: LAB NUMBER:	10/04/2021 87654321	DATE PRINTED: PATIENT ID:	10/06/2021						
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RESULTS									
NARES CULTURE									
SOURCE	NARES								
ORGANISM #1	STAPH COAG NEGATIVE-LARGE AMOUNT								
		MARCONS POSITIVE							
SUSCEPTIBILITY #1	ANTIBIOTIC NAME	MARCoNS is a multiple antibiotic resista staph that reside in the deep nasal passa in biotoxin illness, is a marker of low MSI biofilms which form a barrier to immune of anti-infection therapy. Biofilm production mold or yeast may account for some cas and sinus congestion and inflammation. exotoxins which lead to increased inflam MSH)and hemolysins which disrupt RBC cells. It may be colonized or cause infect results indicate coag neg staph is preser more antibiotics from different classes sl or Intermediate, these results are classifi whether there is a large amount or small (Ref: Dr. Ritchie Shoemaker, 05/09/14) INTERPRETATION	ages, is common H and produce defenses and in bacteria, ses of chronic nasal MARCoNS release mation (decreased cs and endothelial ion. If test nt with two or nowing Resistant ied as MARCoNS amount.	s					
	CIPROFLOXACIN CLINDAMYCIN ERYTHROMYCIN GENTAMICIN LEVOFLOXACIN LINEZOLID(ZYVOX) MOXIFLOXACIN OXACILLIN(METHICILLIN) PENICILLIN-G QUINUP/DALFO(SYNERCI RIFAMPICIN TETRACYCLINE(DOXYCY) TIGECYCLINE TRIMETH/SULFA(BACTRIN VANCOMYCIN S=Sensitive I=Intermediate	S R R I S S S S R R R D) S S CLINE) R S S S S S S S S S S S S S S S S S S S							

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				CLIA ID# 22D2009990					
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DATE RECEIVED: LAB NUMBER:	10/04/2021 87654321		DATE PRINTED: PATIENT ID:	10/06/2021					
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ORGANISM #2	E.COLI-LARGE AMOUNT	RESULTS							
		GRAM NEGATIV	E ENTERIC RODS						
SUSCEPTIBILTY #2	ANTIBIOTIC NAME		INTERPRETATION	N					
	=============			=					
	AMPICILLIN		R						
	AMPICILLIN/SULBACTAM		S						
	PIPERACILLIN/TAZOBAC	ТАМ	S						
	CEFAZOLIN		R						
	CEFTAZIDIME CEFTRIAXONE		S S						
	CEFEPIME		S						
	IMIPENEM		S						
	GENTAMICIN		S						
	TOBRAMYCIN		S						
	CIPROFLOXACIN		S						
	LEVOFLOXACIN		S						
	TRIMETH/SULFA (BACTR	RIM)	S						
	S=Sensitive I=Intermediate	e R=Resistant							
ORGANSIM #3	BACILLUS SPS - MODERATE AMOUNT								
		VIRULANCE FA	CTOR UNKNOWN-NO	MUNOCOMPROMIZED PATIENTS. DEFINITIVE GUIDELINES FOR YCIN, CIPROFLOXACIN, IMIPENEN FECTIVE.					
FUNGAL									
SOURCE	NARES								
ORGANISM #1	PENICILLIUM SPS- LARGE AMOUNT								
		COMPROMISED IS AN OCCASIO OF TRANSMISS	HOSTS. THIS MOLD NAL CAUSE OF INFECTION IS USUALLY VIA	NCOUNTERED IN IMMUNE- PRODUCES MYCOTOXINS AND CTIONS IN HUMANS. MODE AIRBORNE ROUTE. THIS MOLD SOLATED AT MICROBIOLOGY DX.					
ORGANISM #2	CANDIDA ALBICANS-LAR	RGE AMOUNT							
			E FUNGI IS THE MOS CANDIDIASIS IS AN AC	T COMMON CAUSE OF CUTE, SUBACUTE OR					

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RESULTS

CHRONIC INFECTION INVOLVING ANY PART OF THE BODY. THIS YEAST MAY ALSO BE FOUND AS NORMAL FLORA OF THE SKIN, MOUTH, VAGINAL MEMBRANES AND STOOL. IT IS KNOWN TO PRODUCE MYCOTOXINS.

Fungal cultures are held for 1 month. If any yeast or mold is isolated within the first 2 weeks it will be reported. The culture will be held for an additional 2 weeks for any other growth of yeast or mold.

BIOFILM ANALYSIS

ORGANISM-MARCONS

STRONG 3 +

STRONG, MODERATE, OR WEAK IS THE LEVEL OF BIOFILM PRODUCTION BY THE ORGANISM.

A bacterial biofilm is defined as a structural community of bacterial cells enclosed in a self-produced polymeric matrix adherent to an inert or living surface. Biofilm producing organisms are far more resistant to antimicrobial agents than organisms which do not produce biofilm. (Indian J. Crit. Care Med. 2013 Jul-Aug;17(4): (214-218) MARCoNS biofilm testing is a continuation of work started by Dr. R. Shoemaker in 2011.