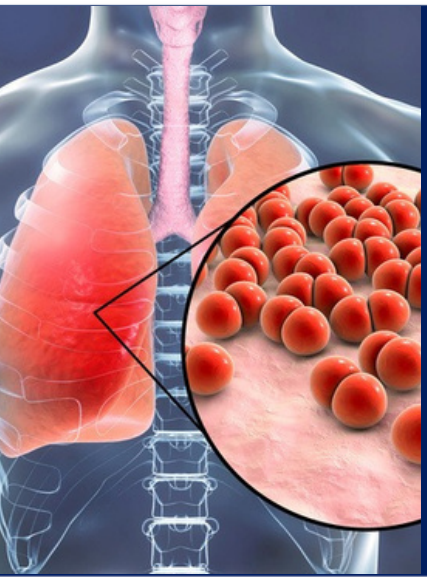
ENCOMPASS DIAGNOSTICS



Respiratory Tract Infection

Reduceunnecessarytestingandimprovepatientoutcomeswith our molecular PCR RPP panel



Tomorrow's Results.

Today's Peace of Mind.

NEXT DAY RESULTS FOR ALL COMMON INFECTIONS



Respiratory Tract Infection Panel

Atypical bacteria

Bordetella parapertussis
Bordetella pertussis
Chlamydia pneumoniae
Legionella pneumophila
Mycoplasma pneumoniae

Bacterial

Acinetobacter baumannii
Haemophilus influenzae
Klebsiella pneumoniae
Moraxella catarrhalis
Pseudomonas aeruginosa
Staphylococcus aureus
Streptococcus pneumoniae
Streptococcus pyogenes GAS

Fungal

Candidaalbicans

Viral

Enterovirus D68
Human Adenovirus
Human Bocavirus
Human Coronavirus 229E
Human Coronavirus HKU1
Human Coronavirus NL63
Human Coronavirus OC43
Human Metapneumovirus
Human Parainfluenza Virus type 1
Human Parainfluenza Virus type 2
Human Parainfluenza Virus type 3
Human Parainfluenza Virus type 4
Human Rhinovirus
Influenza A
Influenza B
Respiratory Syncytial Virus (RSV)
SARS-CoV-2 (COVID-19)

ENCOMPASS DIAGNOSTICS

Accession Number: xxxx
Test Number: xxxxxxxxx
Date Test Performed: xx-xx-xxxx
Date Test Released: xx-xx-xxxx
Lab Director: xxxxxxxxx xxxxxxxxx

Molecular Pathology Report

RESPIRATORY INFECTION

Patient Information	Specimen Information	Facility Information
Patient Record No: xxxx **Name:** xxxx xxxx **DOB:** xx-xx-xxxx **Gender:** xxxxxx **Address:** xxxxxxxxx, xxxx **Phone** (xxx) xxx-xxxx	**Reference ID:** xxxx **Collection Date:** xx-xx-xxxx **Received Date :** xx-xx-xxxx **Accession Date:** xx-xx-xxxx **Specimen Type:** xxxxx **Specimen Location:**	**Facility:** xxxxxxxx **Address:** xxxxxxxxx, xxxx **Phone:** (xxx) xxx-xxxx **Physician Name:** xxxxxxxxx xxxxxxxx **Physician NPI:** xxxxxxxxx

Pathogens Detected

Gram Positive Bacteria

Target Name	Result	Microbial Load	CFU/mL Equivalence
Streptococcus pneumoniae	Detected	MED	10,000 - 100,000 [17.0001 - 24.9999 Ct]

Gram Negative Bacteria

Target Name	Result	Microbial Load	CFU/mL Equivalence
Pseudomonas aeruginosa	Detected	LOW	100 - 10,000 [25.0001 - 30.0000 Ct]
Acinetobacter baumannii	Detected	HIGH	>100,000 [5.0000 - 16.9999 Ct]
Moraxella catarrhalis	Detected	LOW	100 - 10,000 [25.0001 - 30.0000 Ct]

Atypical Bacteria

No microbes detected

Fungal

Target Name	Result	Microbial Load	CFU/mL Equivalence
Candida albicans	Detected	HIGH	>100,000 [5.0000 - 16.9999 Ct]

Viral

No microbes detected

Protozoal

No microbes detected

ENCOMPASS DIAGNOSTICS

Therapeutic Guidance
RESPIRATORY INFECTION

RxMDx TREATMENT NAVIGATOR

Patient: XXXX XXXXX	Accession: XXXX	Physician: XXXX XXXXXX	Provider: XXXXX XXXXXXXX

This report is provided for informational purposes only and does not constitute a medical diagnosis or prescription. The Lab results and recommendations are based on and are limited to the specimen source, organisms, resistance, allergies, and ICD-10 codes. These suggestions do not take into account the patient's full medical history, physical examination findings, or other diagnostic information. All diagnostic evaluations, clinical interpretations, and treatment decisions must be made by the treating physician. The treatment options listed in this report are generated by the RxMDx Treatment Navigator software, which synthesizes data from microbiological results and recognized clinical guidelines. These options are drawn from reputable sources such as: WHO, IDSA, NLM, NIAID, CDC, NIH, ATS, FDA

Primary Oral Option(s)

Treatment	Success	Cost	Dosage
Amoxicillin-Clavulanate (Augmentin, Clavulin, Amoclan),FDA	95%	$	875/125 mg, Oral 2x/day, 7 days
Azithromycin (Zithromax, Sumamed, Z-Pak),FDA	90%	$	500 mg, Oral 1x/day, 3 days

Alternative Oral Option(s)

Treatment	Success	Cost	Dosage
Levofloxacin (Levaquin, Tavanic)	98%	$$	750 mg, Oral 1x/day, 5 days,
Doxycycline (Vibramycin, Doryx, Monodox)	85%	$	100 mg, Oral 2x/day, 7 days
Cefuroxime (Ceftin, Zinnat, Zinacef)	90%	$$	500 mg, Oral 2x/day, 7 days

IV / Escalation Therapy

Treatment	Success	Cost	Dosage
Ceftriaxone, (Rocephin)	98%	$$	1000 mg, IV 1x/day, 5 days

Not Recommended (Resistance-Guided Exclusions)

Treatment	Descrption
Vancomycin	Not recommended because Moraxella catarrhalis is a Gram-negative organism, and Vancomycin is only active against Gram-positive bacteria.
Amoxicillin	Not recommended as a monotherapy because over 90% of Moraxella catarrhalis strains produce beta-lactamase, rendering plain amoxicillin ineffective.
Clindamycin	Not recommended because it lacks clinically significant activity against Gram-negative respiratory pathogens like Moraxella catarrhalis.

[$] - If less than 100 [$$] - 100 to 500 [$$$] - If > 500 Allergies: Not provided

ENCOMPASS DIAGNOSTICS

SPECIMEN COLLECTION METHOD
NASAL

3 Methods: Nasopharyngeal Swab, Suction, Blow Out & Swab

MATERIALS PROVIDED

2 2ml Vial
1 Nasal Swab
1 specimen bag
1 molecular transport tube
1 UPS/FedEx Lab Pak mailer



COLLECTION DO'S & DON'TS

DO - Have a trained medical professional collect Aspiration/Suction and Nasopharyngeal swab collection methods to prevent injury.

DO - Collect sample from inflamed area. Sample material can be both scab and mucus.

DO - Use Afrin, 2% Lidocaine, or 2% Tetracaine if numbing agent is needed.

DO - Wait 10-15 minutes after administering Lidocaine/Tetracaine. Utilize saline rinse/spray prior to taking your sample.

DO - Ship the sample as soon as possible after collection. EDx stability testing shows samples as viable at room temperature for at least 21 days after collection.

DO NOT - Use the wire stem found on traditional culture swabs. Metal is a PCR inhibitor and will yield negative results.

DO NOT - Use site specific antimicrobials (topicals). However, if not possible, the test can still be run.

DO NOT - Use 4% Lidocaine

DO NOT - Touch the swab stem.

ASPIRATION/SUCTION (PREFERRED METHOD Clinical Collection Only)



Step 1: Use suction with a trap device to collect the sample, scab material may be included. When finished remove trap from collection device. Note: If necessary, "milk" the tubing to move secretions still within the tubing into the collection tube. Sterile saline can also be used to flush contents in the rubber tubing into the collection tube. Make sure to keep the tube upright to avoid the sample exiting the tube into the suction system.



Step 2: Open the swab by twisting the cap at the dotted line on the tube.



Step 3: Use the swab to extract contents from trap. Additional contents may be added to the swab tube or the 2mL vial.

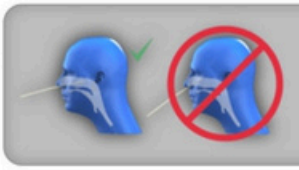


Step 4: Insert the swab back into the tube and push closed. For extra security seal the tube shut with paraffin or tape. If using 2mL vial tightly secure lid.

NASOPHARYNGEAL SWAB (Clinical Collection Only)



Step 1: This specimen collection method must be administered by trained qualified, clinical staff. Open the swab by twisting the cap at the dotted line on the tube.



Step 2: Gently insert swab into the nostril, past the middle meatus or middle concha, and swab the area. Rotate around the area and allow the swab to collect as much material as possible. To ensure optimal diagnostic reports, include solid materials in your sample. Note: Try to avoid touching the nares or nostrils, as this area is colonized with normal skin flora.



Step 3: Put the swab into the specimen tube and tightly seal the tube.

Patient Information

Step 1: MARK SAMPLE

Use a permanent marker to write patient name, date of birth and sample collection date on the Swab Specimen Tube.



Step 2: SIGN LAB REQ

Please have the patient sign the lab requisition form accepting financial responsibility. Be sure the physician has also signed the lab requisition form confirming consent.



Step 3: INSURANCE INFORMATION

Submit patient face sheet and demographics with insurance information or both sides of a patient's insurance card. If this is a prepaid test skip this step.



BLOW OUT & SWAB (Clinical Collection/Patient At-Home Collection)



Step 1: Open the swab by twisting the cap at the dotted line on the tube.



Step 2: Have patient forcefully blow their nose into a tissue.



Step 3: Swab the tissue to collect as much material as possible. Be sure to collect any material with green coloring and fragments left in the tissue.



Step 4: Put the swab into the specimen tube and tightly seal the tube.

1.Place the Swab Specimen Tube or 2mL Vial into the center/sealable pocket of Biohazard Lab Bag.
2.Place folded Lab Requisition Form into the short pocket of the Lab Bag.
3.**IMPORTANT:** Place only one Sample and one Lab Requisition in each Lab Bag.
4.Peel strip off Lab Bag to expose adhesive backing and follow instructions printed on Bag to create a continuous, airtight seal.
5.Place the sealed Lab Bag into the EDx Shipping Box (shipping label already attached to bottom of box).
6.Close the EDx Shipping Box and seal with the clear sealing sticker or a piece of tape.
7.You can add multiple completed lab bags into the EDx Shipping Box.



DO NOT DISINFECT THE WOUND PRIOR TO SAMPLING UNLESS OTHERWISE NOTED

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encompassdiagnostics.com

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